

Name
in
Full

Mary Bannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Peterville		Fredrick				
Date of death	1909	Month 10	Day 11	Years 65	Month	Day
Sex	Female	Color or Race	white	Birth-place	Ireland	
Occupation	done	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Hugh Bannon			
Father's Name	Unknown	Father's Birthplace Ireland				
Mother's Maiden Name	Unknown	Mother's Birthplace Unknown				
Name of person giving Information	John H. Miller	How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

Immediate

11

4

How long

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Sam Claggett
Peterville
Md

Accident or Suicide

Name
in
Full

Gladie L. Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Day
Sex	Man	Color or Race	Age	Birth-place	
Occupation	Schoule	Where Residing if not at place of death	X		
Married, Single or Widowed	Name of Wife or Husband		Y		
Father's Name	John Beale		Father's Birthplace	Md	
Mother's Maiden Name	Lidia Fogle		Mother's Birthplace	Md	
Name of person giving information	Mrs Beale		How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

①

How long

11 days

X

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

69 Gordon St
Frederick
Md

Accident or Suicide

W

Interment Oct 19 - 09
" at Mt Olivet Cemetery
Thomas P. Rice F. & O

Dr Hedges

Dr McCurdy

Name
in
Full

Iona Bowie

No 22

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Market

County
Frederick

MARYLAND

Date of death 1909 Oct 17

Age

Years
28

Month

Days

Sex Female

Color or Race

Colored

Birth-place Mean New Market

Occupation

W.W.

Where Residing if not
at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

William Bowie

Father's Name

Bellfield Dawson

Father's Birthplace

Md

Mother's Maiden Name

McLaughl Frederick

Mother's Birthplace

Md

Name of person giving Information

Martha Little

How related to deceased

none

CAUSES OF DEATH

Primary

Typhoid Fever
Pneumonia

1
How long

5 weeks

Immediate

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H.H. Hopkins M.D.

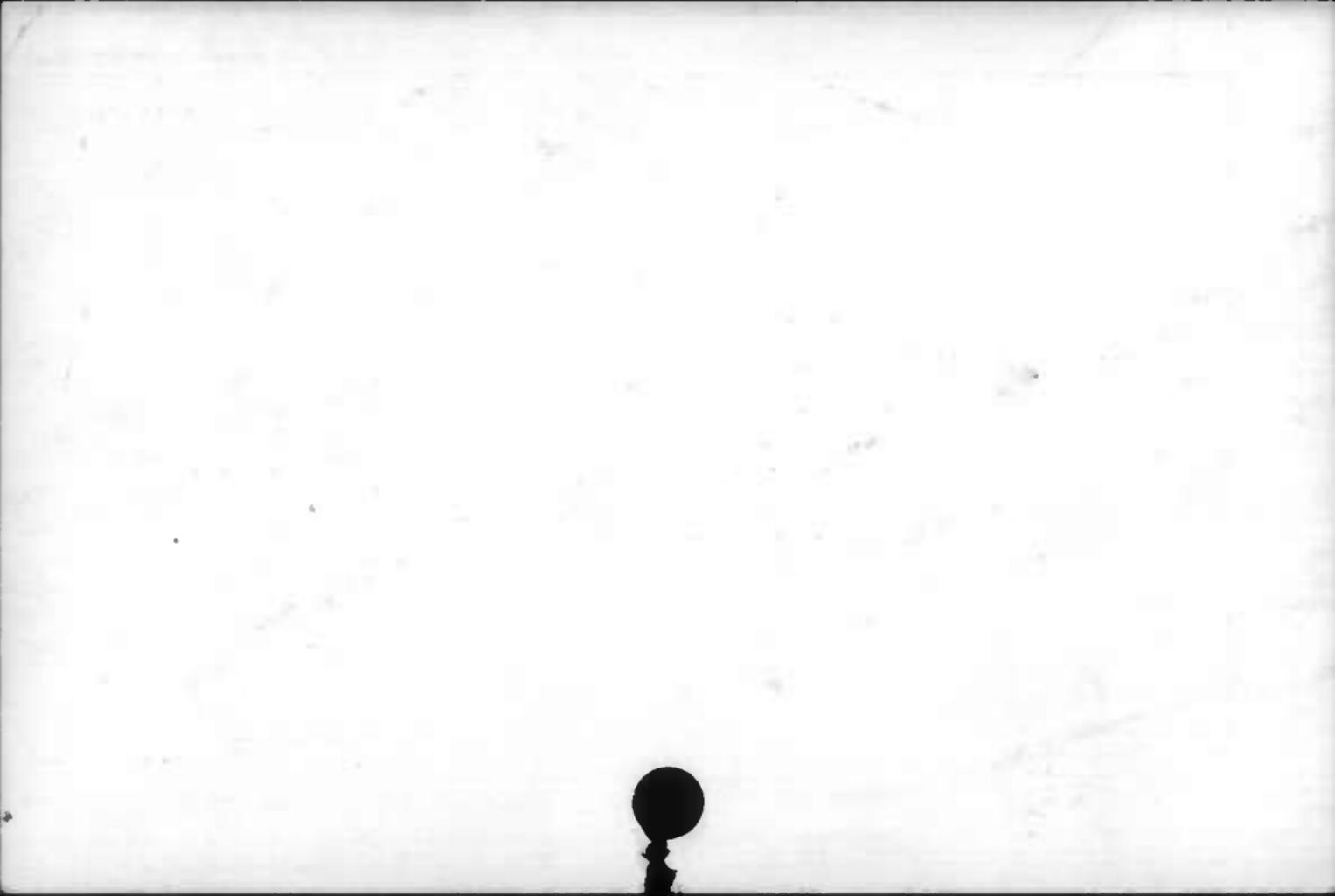
New Market

Accident or Suicide

no

Address

Md



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Jane Brashear

CERTIFICATE OF DEATH

Died <u>near Nut airy</u>		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birthplace <u>Fred Co Md</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>Osborne Brashear</u>			Father's Birthplace		
Mother's Maiden Name	<u>Rachael Dorsey</u>			Mother's Birthplace		
Name of person giving information	<u>Charles Condon</u>			How related to deceased		

CAUSES OF DEATH

Primary

Cerebral hemorrhage

64

How long

✓
1 wk

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

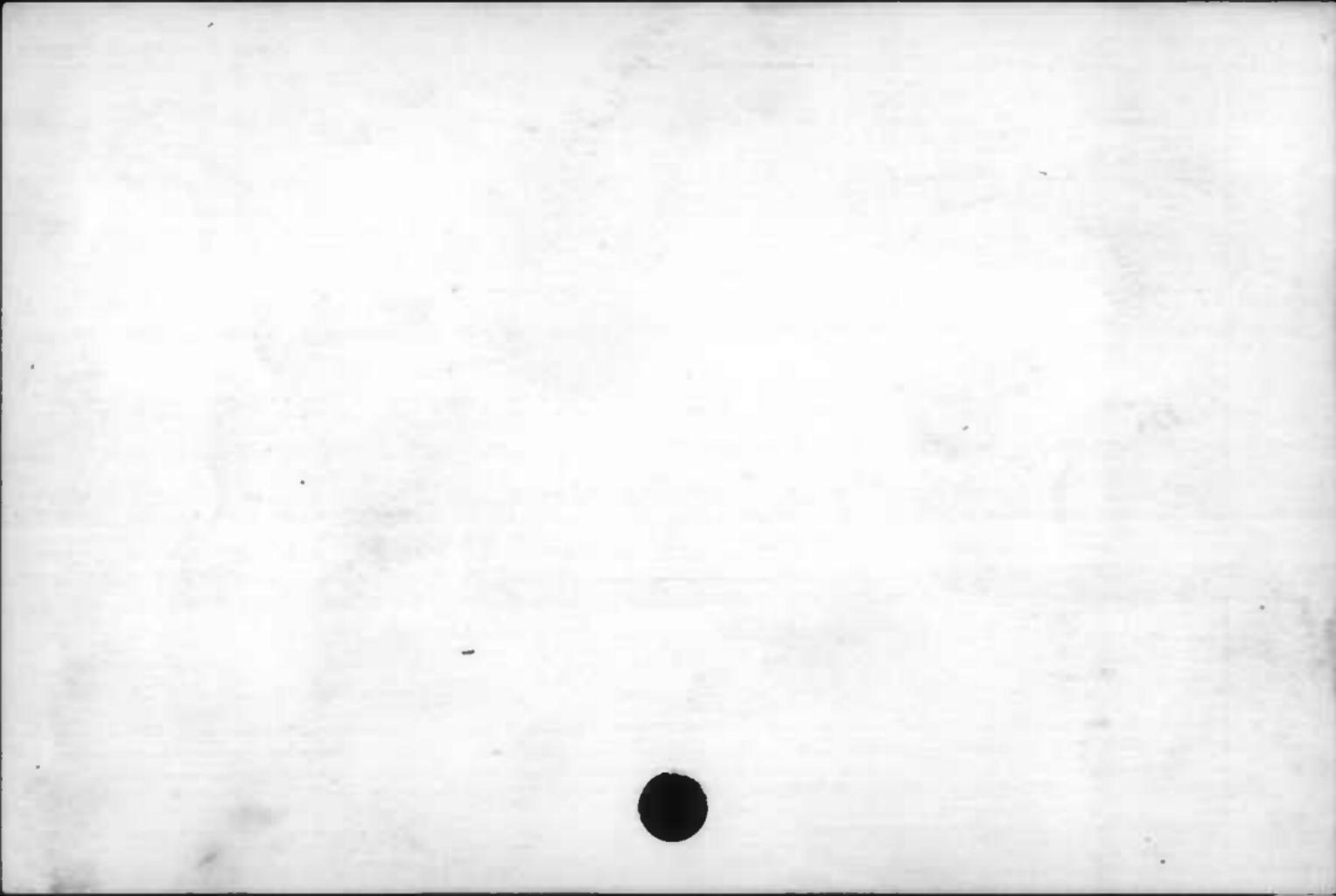
Signature of Physician

W. E. Gaven

Address

Nut airy Md

Accident or Suicide?



Name
in
Full

(Sister M. Monica) Mary Clara Brockschmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	<u>Frederick</u>	Month	<u>October</u>	Day	<u>2nd</u>
Date of death	1909	Age	72	Years	—
Sex	<u>Female</u>	Color or Race	<u>Caucasian</u>	Birth-place	<u>Germany</u>
Occupation	<u>Religious</u>		Where Residing if not at place of death	<u>Germany</u>	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Bernard</u>	<u>Brockschmidt</u>		Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Elizabeth Simon</u>		Mother's Birthplace		<u>Germany</u>
Name of person giving information	<u>Mother Superior of Convent</u>		How related to deceased		<u>neque</u>

CAUSES OF DEATH

43

Primary

Carcinoma Breast and Intestines

How long

3 years

Immediate

Exhaustion

How long

3 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

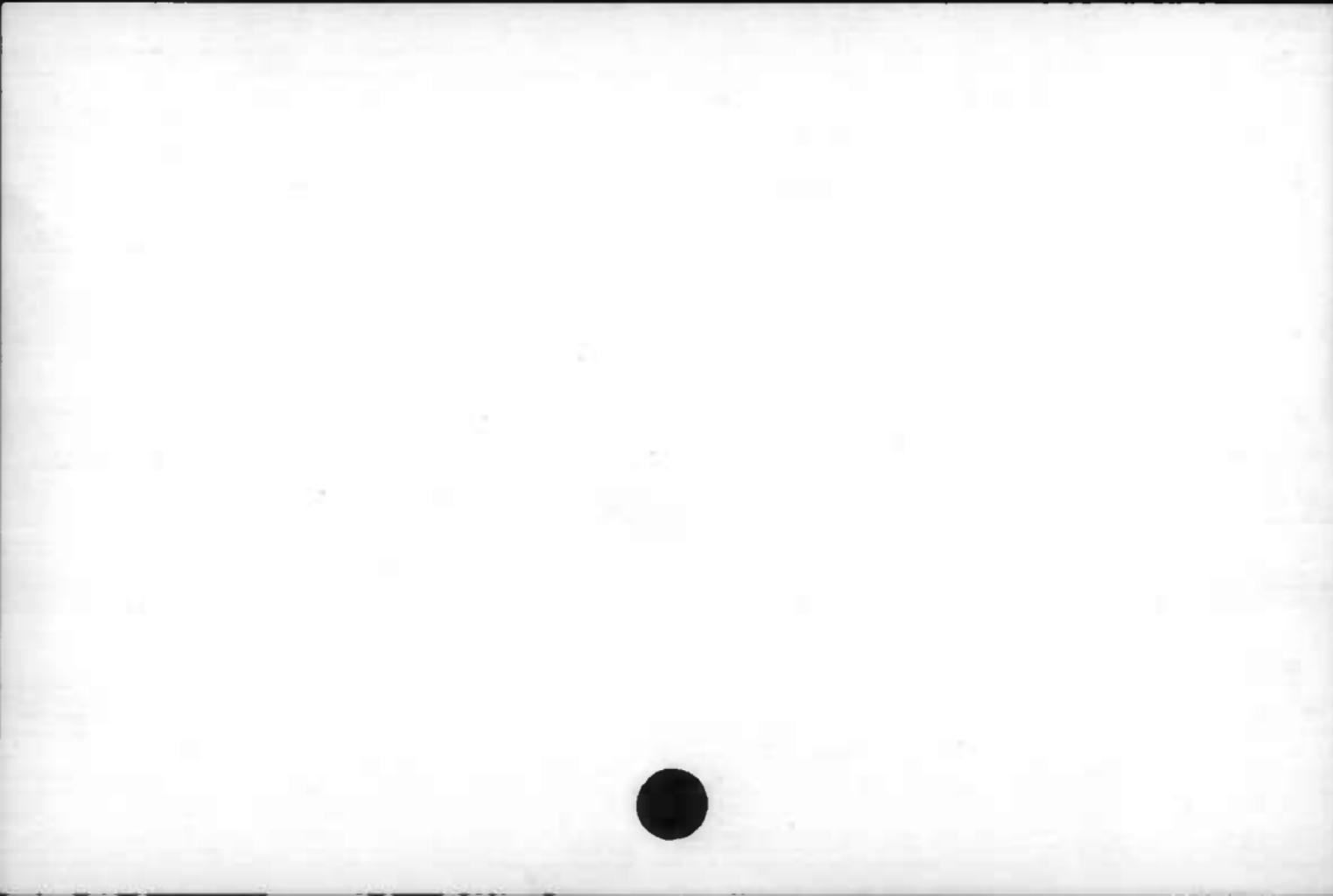
Address

Wm Crawford Hudson

Frederick
Md

Accident or Suicide

No



Name
in
Full

Joseph Buerk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		Town Frederick		County Frederick		MARYLAND	
Date of death 1909	Month Oct	Day 13	Age 79	Years 79	Months —	Days 2	
Sex Male	Color or Race white	Birth- place Frederick Co. Md					
Occupation Mason	Where Residing if not at place of death At place of death						
Married, Single or Widowed	Name of Wife or Husband Mary Young	Father's Birthplace Germany					
Father's Name Philip Buerk	Mother's Birthplace Germany						
Mother's Maiden Name Christiana Schubert	How related to deceased Daughter						
Name of person giving Information Florence Myers							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Laryngitis (non-tubercular)

Immediate

Cardiac Asthenia

Are the name, age, sex, color, date
and place correctly given above?

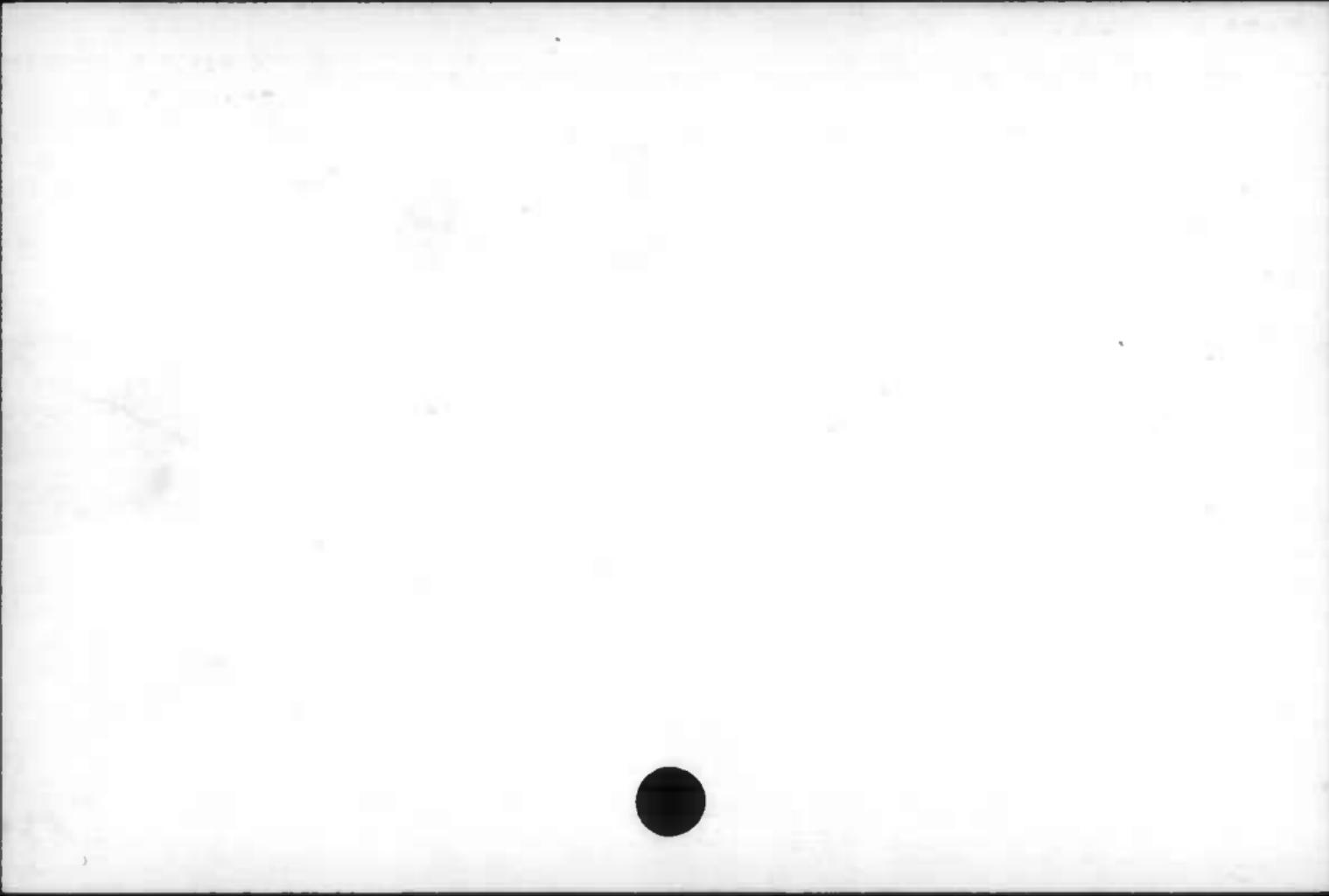
Signature of
Physician

Address

Dr. Labuerk M.D.

Frederick Md.

Accident or Suicide



Name
in
Full

Thomas Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Nancy Carroll				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	Mrs. Nancy Burgess				How related to deceased

1909 10 12 60

Male Black Virginia

Labores

Married

Unknown

"

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

179

How long

Six months

Immediate

Arthrosis

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Bl Thomas MD

Frederick

MD

Accident or Suicide?

no

Interment Oct 14 - 1909
" at Greenmount Cemetery

Thomas P. Rice F.A.S.

Dr. T. B. Johnson

Dr McCurdy

Name
in
Full

Roy B. Cannon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town		County			W. Va. MARYLAND	
Diad at	Kedgsville	Month	Day	Years	Months	Days
Date of death	1909	Dec		Age 21	5	16
Sex	Male	Color or Race	White	Birth-place		
Occupation	Breaker on B&O R.R.		Where Residing if not at place of death	Panty Rock and Brunswick Md		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Thomas B. Cannon.		Father's Birthplace	Frederick Md		
Mother's Maiden Name	Ellen Odens		Mother's Birthplace	Panty Rock and Mother's		
Name of person giving Information	Ellen Cannon		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

To save of his location

Immediate

Pushed by moving engine train

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Walton Crawford

Address

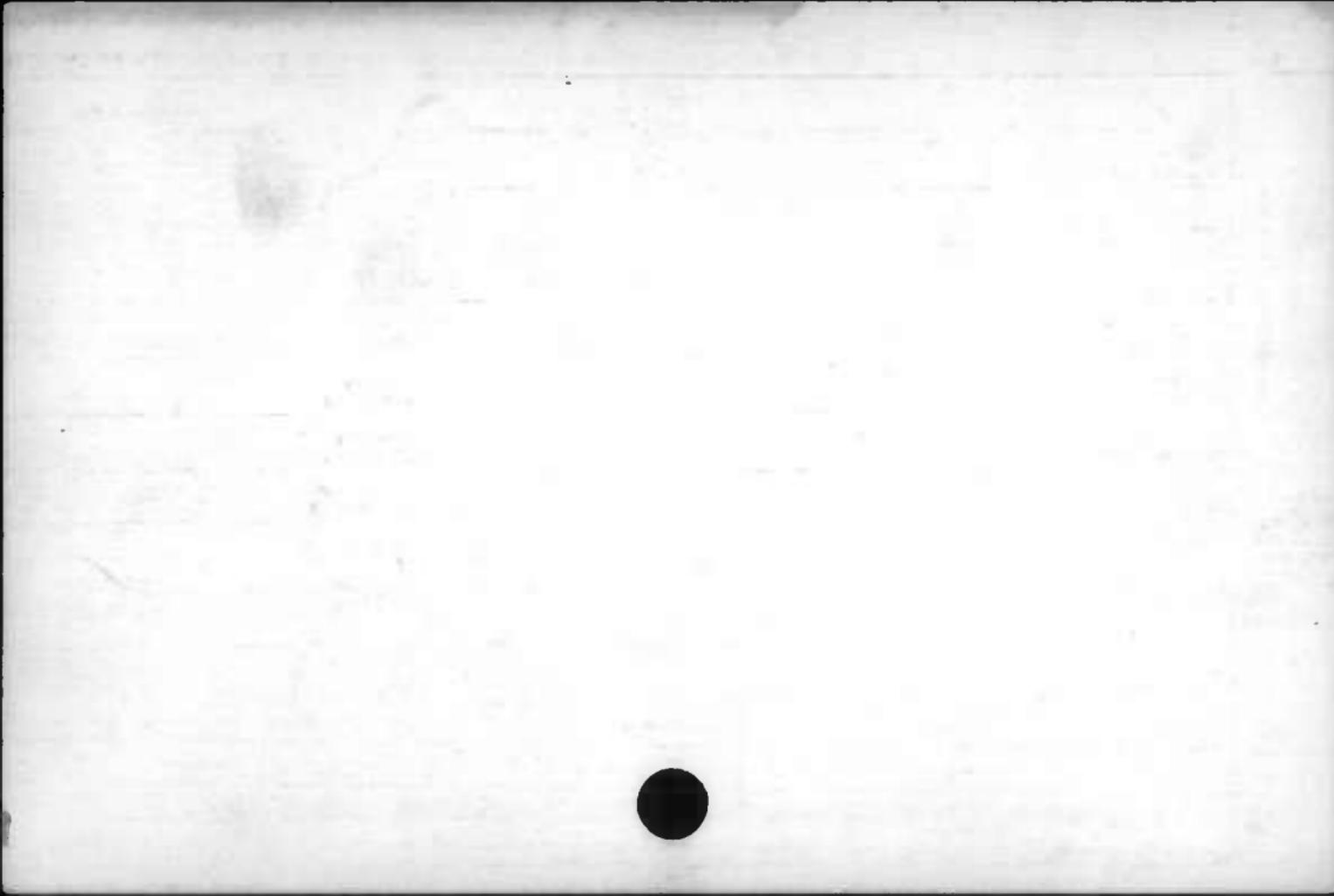
Accident or Suicide

166

How long
a part of minutes

How long

Instantly



Name
in
Full

William Conley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death	1909	Month	Oct.	Day	9	Years	28	Months	—	Days	—	
Sex	Male	Color or Race	Colored.	Birth-place	Unknown							
Occupation	Laborer		Where Residing if not at place of death	Mr. Joe. Gender								
Married, Single or Widowed	Single	Name of Wife or Husband	—									
Father's Name	Unknown.			Father's Birthplace	Unknown							
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown							
Name of person giving information	Mr. Joe. Gender			How related to deceased	—							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilitic Fever

How long

about 3 weeks

Immediate

Peritonitis

How long

3 days.

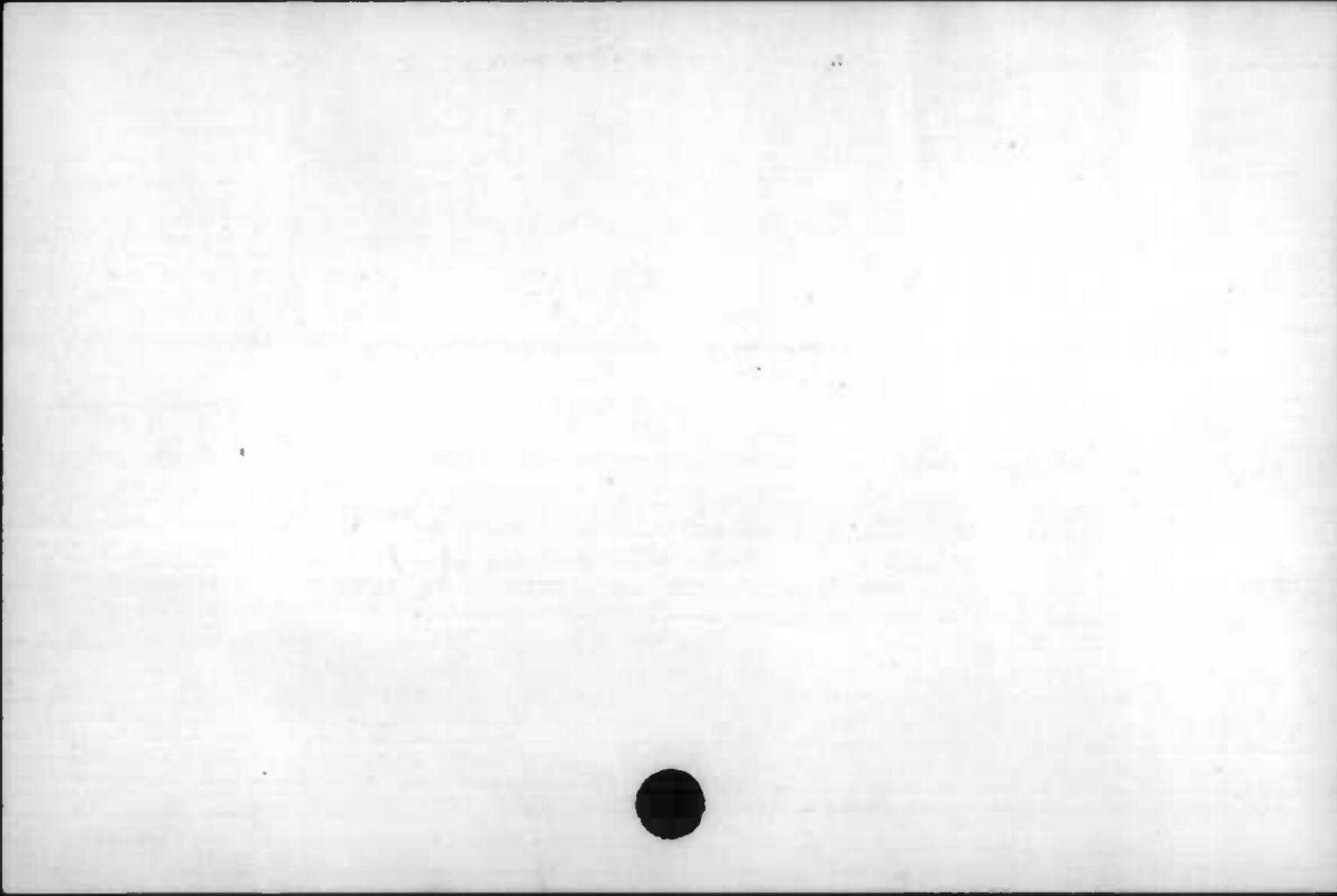
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edt Conley
" Frederick

Accident or Suicide?



✓ Name
in
Full

Annie Mary Ebberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Year	Month	Day	Year	
1909	10	16	80	10	22		
Sex	Color or Race		Germany				
Female	White		Same				
Occupation	Where Residing if not at place of death						
Housewife							
Married, Single or Widowed	Name of Wife or Husband	William Ebberts		Father's Birthplace	Germany		
Widow	Henry Cramer			Mother's Birthplace	Unknown		
Father's Name	Unknown		Wisconsin				
Mother's Maiden Name			Son				
Name of person giving Information	Leda S. W. Ebberts		How related to deceased				

CAUSES OF DEATH

Primary	Senility	14	6 mo
Immediate	old age	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address
Accident or Suicide		F. H. Hedges Frederick	

PHYSICIAN
OR CORONER

Interment Oct 19 - 09

" at St. John's Cemetery

Thomas P. Rice F.D.

at Hedges

or McCandy

Name
in
Full

Clayrene Lee Ayler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death 1909	Month Oct	Day 9th	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Days
Occupation	None			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Fred Co
Father's Name	Millard L. Ayler			Mother's Birthplace	Fred Co
Mother's Maiden Name	Eliza Ruth Eppley			How related to deceased	Father
Name of person giving information	Millard Ayler			How long	176 5 min

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Injury during birth-

Primary

Immediate

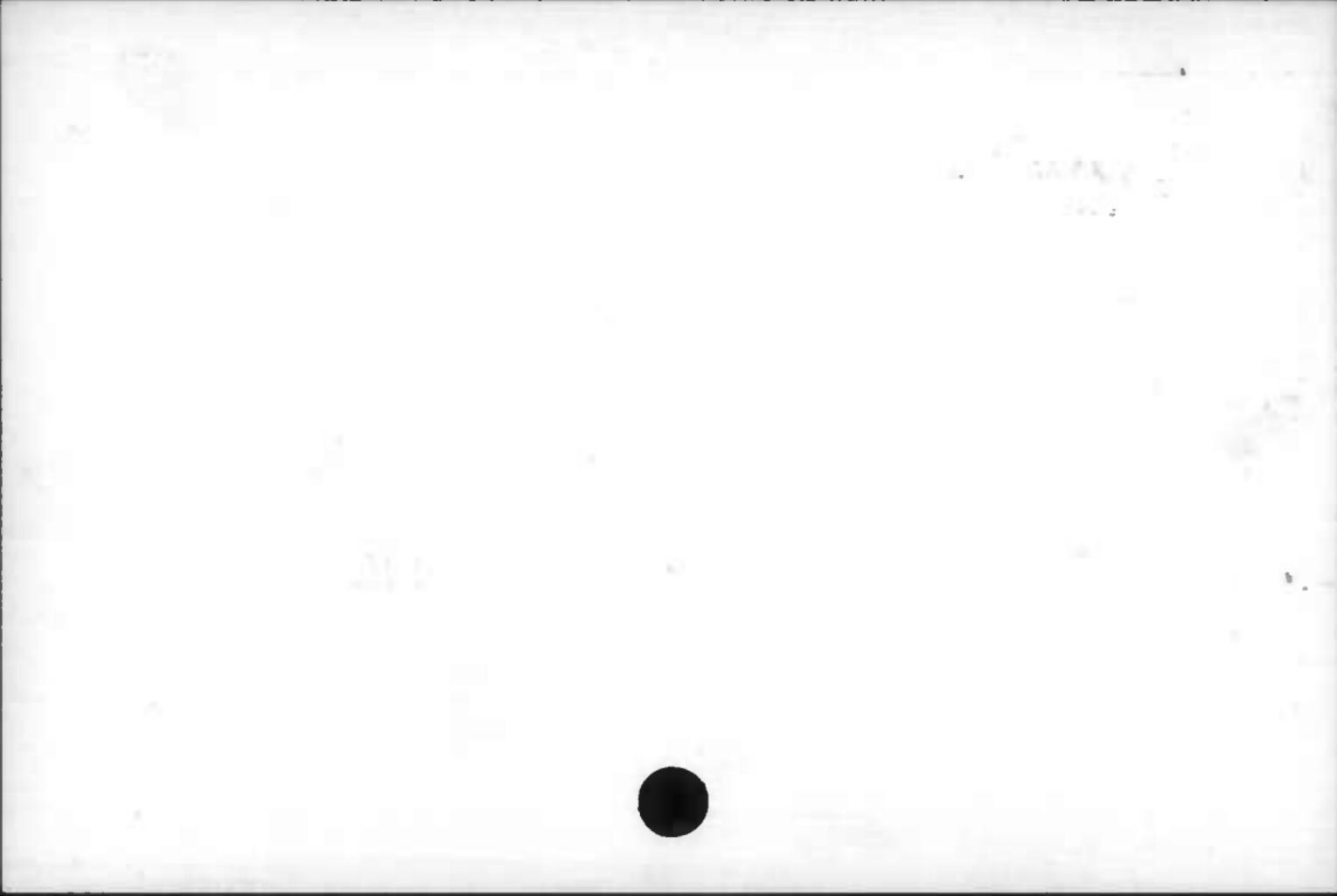
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Ois B. Stone
Liberty Town
Md



Name
in
Full

Mary Catherine Filler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

County

MARYLAND

Town

Date of death 1909 Month 10 Day 13 Age 76 Years 7 Months 7 Days 26

Sex Female

Color or Race

White

Birth-place

Virginia

Occupation

House Maid

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

Benjamin Filler

Father's Birthplace

Virginia

Mother's Maiden Name

Mary Heines

Mother's Birthplace

Name of person giving
Information

Mrs. Geo. P. Esterly

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Acute Indigestion

How long

24 hours

Immediate

Cardiac Paroxysm

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Act. H. Hedger
Fredrich

PHYSICIAN
OR CORONER

Accident or Suicide?

Interment Oct 15 - 1909
" at Mt. Olivet Cemetery
Thomas P. Rice F. D.

Dr. Hedges

Dr McCurdy

Name
in
Full

Sarah Dugerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Diad at	Death	Months	Days
Date of death 1909	Month Oct	Day 13	Years 50
Sex Female	Color or Race Black	Birth-place 3rd	
Occupation None	Where Residing if not at place of death Baltimore	Name Dame	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace Unknown	
Father's Name	Baltimore	Mother's Birthplace Unknown	
Mother's Maiden Name		11	
Name of person giving Information	Cherly Posey	How related to deceased Nondistant	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis, Subsequent to Chronic Malaria

Immediats

Chlaesia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

120

How long

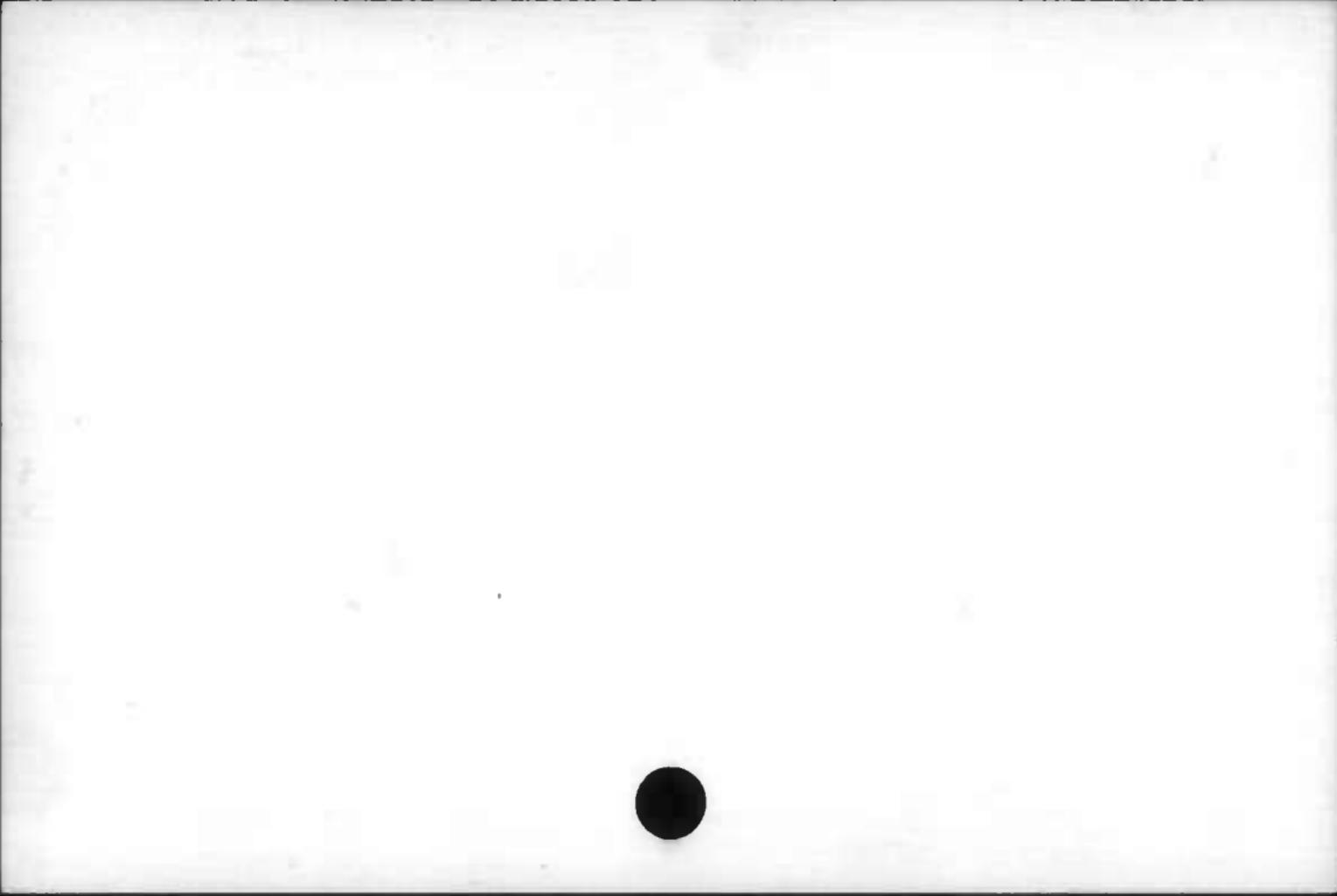
How long

14 years more

2 or 3 days

W. J. Rocone M.D.
Baltimore Md.

Accident or Suicide



Name
in
Full

Lori Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Liberty Town		County Frederick		MARYLAND		
Date of death 1909	Month Oct	Day 15	Age 73	Years	Months 0	Days 0
Sex Male	Color or Race Colored	Birth-place Balt. Co.				
Occupation Laborn	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Susie Griffith					
Father's Name Freminiah Goodwin	Father's Birthplace Unknown					
Mother's Maiden Name Carolin — unknown	Mother's Birthplace Baltimore					
Name of person giving information Susie Goodwin	How related to deceased Wife					

CAUSES OF DEATH

120

How long

About 1 1/2 yrs

How long

4 hours

Primary

Chronic Nephritis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

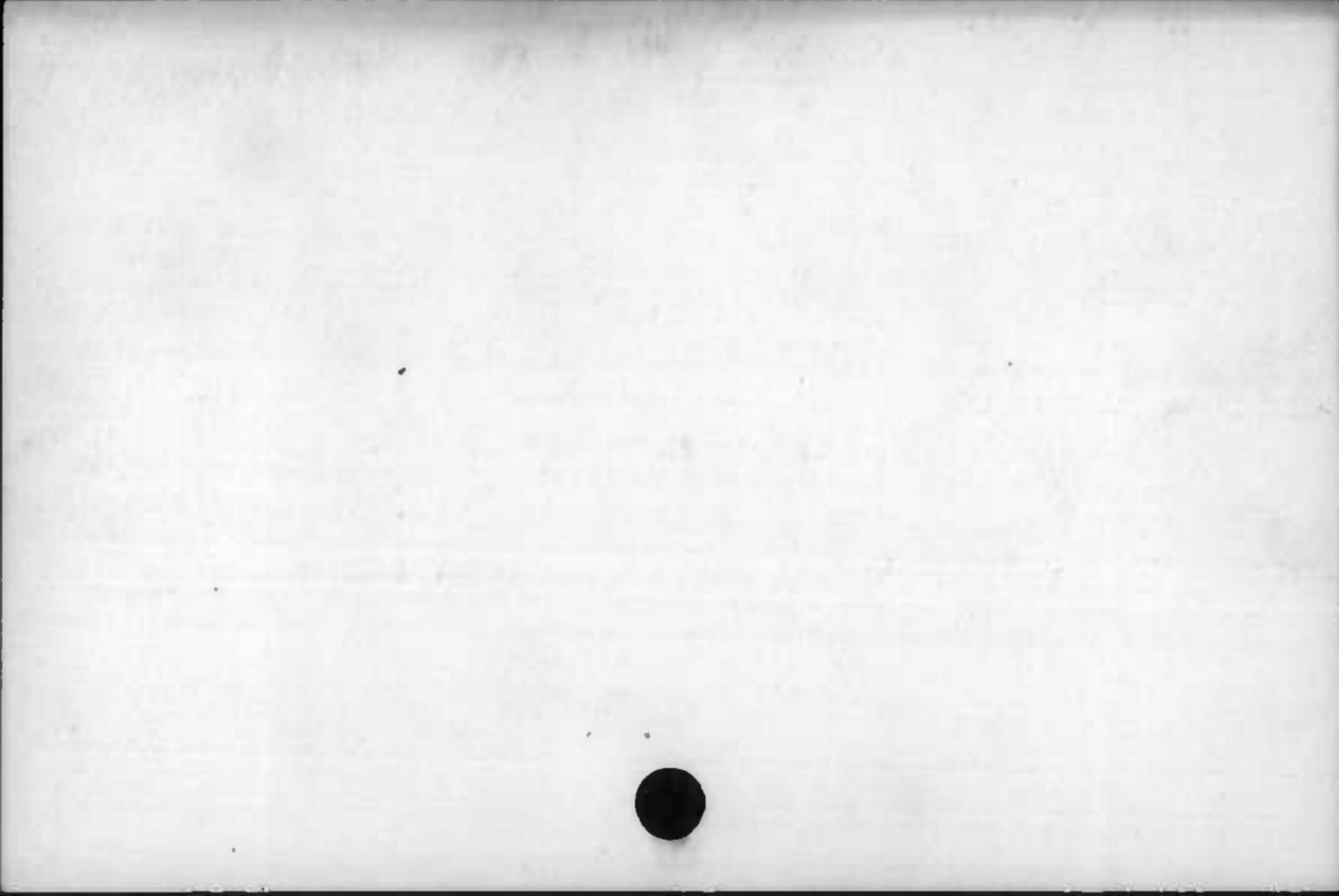
ofis B. Sloane

Address

Liberty Town

Frederick Co

Accident or Suicide?



Name
in
Full

Verna Edith Gucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at		Near Wolfsville		Fincroft		
Date of death	1909	Month	10	Day	24	Years
						22
Sex	Female	Color or Race	White	Birthplace	Near Wolfsville	
Occupation	House keeping		Where Residing if not at place of death	Near Wolfsville		
Married, Single or Widowed	Married	Name of Wife or Husband	Benjamin Gucker		Father's Birthplace	Wolfsville
Father's Name	Howard Gilbert				Mother's Birthplace	Near Wolfsville
Mother's Maiden Name	Venia Farshot				How related to deceased	Mother
Name of person giving Information	Sister Gilbert					

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2 or 3 years.

Immediate

Exhaustion

How long

several weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Ralph Branson

Meyersville Md

PHYSICIAN
OR CORONER

Accident or Suicide

22

4

Name
in
Full

Sara S. V. Kaines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		Oct	15 th	5	7	
Sex		Female	Color or Race	White	Birth-place	
Occupation		School girl	Where Residing if not at place of death			
Married, Single or Widowed		Single	Name of Wife or Husband			
Father's Name		Richard Kaines		Father's Birthplace		Jefferson Co W. Va
Mother's Maiden Name		Mary Lowry		Mother's Birthplace		Washington Co Md
Name of person giving Information		Mary Lowry		How related to deceased		Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pneumonia

Immediate
Meningitis Cerebra

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

R. W. Trapnell

Address

Point of Rocks

93

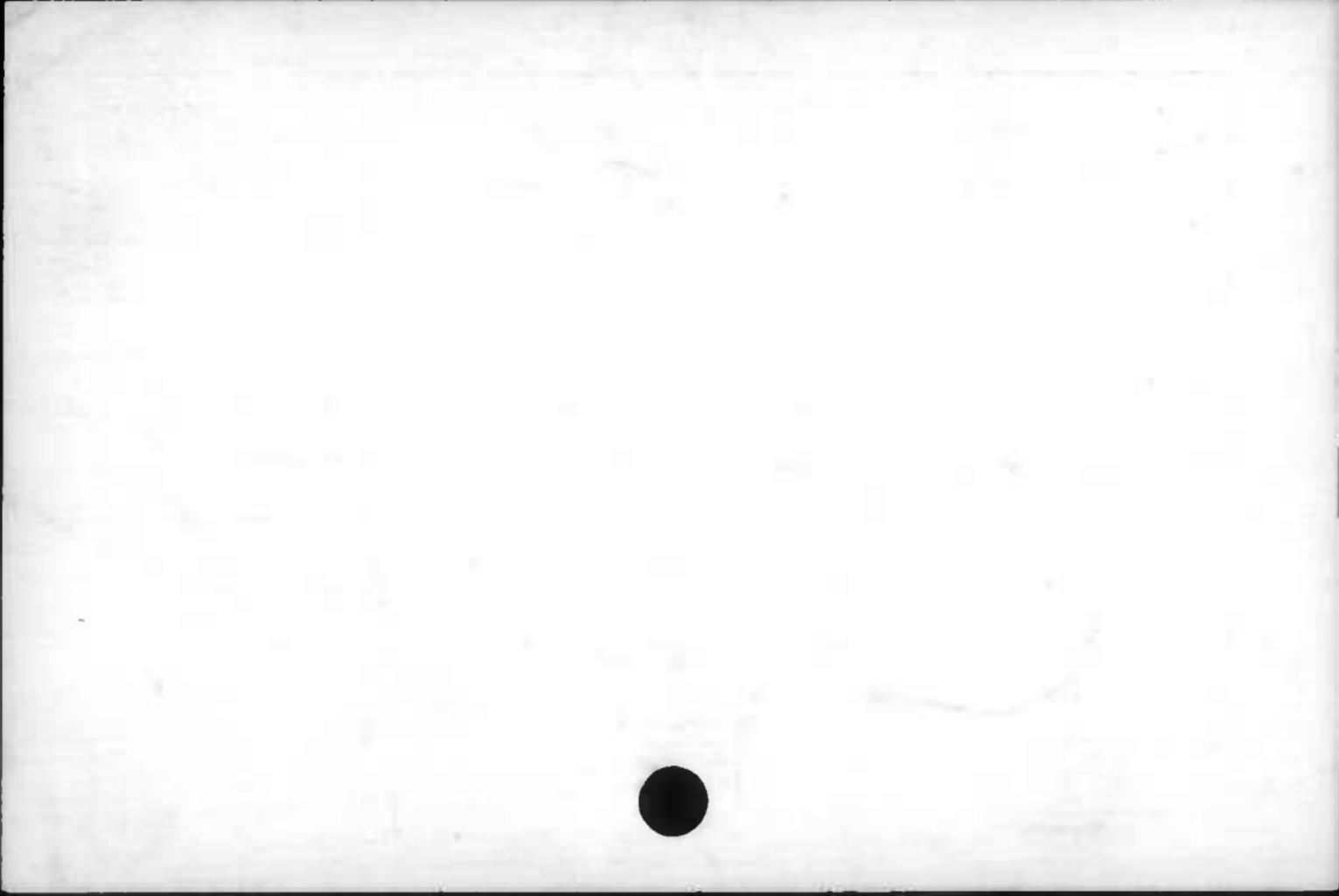
How long

one week

How long

30 hours

Md



Name
in
Full

Maria Elizabeth Haarmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Frederick	Died at	Frederick	Month	Days
Date of death	1909	Month	10	Day	23
Age	85	Years	5	Month	5
Sex	Female	Color or Race	White	Birth-place	Frederick Co. Md.
Occupation	House Wife	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Isaac Haarmann	Father's Birthplace	Maryland
Father's Name	John F. Strasberger	Mother's Maiden Name	Catharine Stitely	Mother's Birthplace	" "
Name of person giving information	Mrs. Ada J. James	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral thrombosis

64

How long

2

Immediate

Paralysis (Hemiplegia)

How long

2

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. S. Haynard

Address

17 Lyons St. West
Westport, Conn.

Accident or Suicide

Interment Oct 26 - 09
" at Mt Olivet Cem-
Thomas P. Rice A.D.

Dr Maynard

Dr McCurdy.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Leila Virginia Street

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct	Day 13	Age 13	Months	Days
Sex	Female	Color or Race	Where		Indians City	
Occupation	Scholar	Where Residing if not at place of death			X	
Merried, Single or Widowed	Single	Name of Wife or Husband	X			
Father's Name	Charles Street		Indians City			
Mother's Maiden Name	Virginia Brown		Indians City			
Name of person giving Information	Virginia Brown		Mother			

CAUSES OF DEATH

Primary: Staphylococcus infection of the skin
Immediate: Septicæmia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Johnson M.D.
Indians City

Accident or Suicide

How long

a few days.

How long

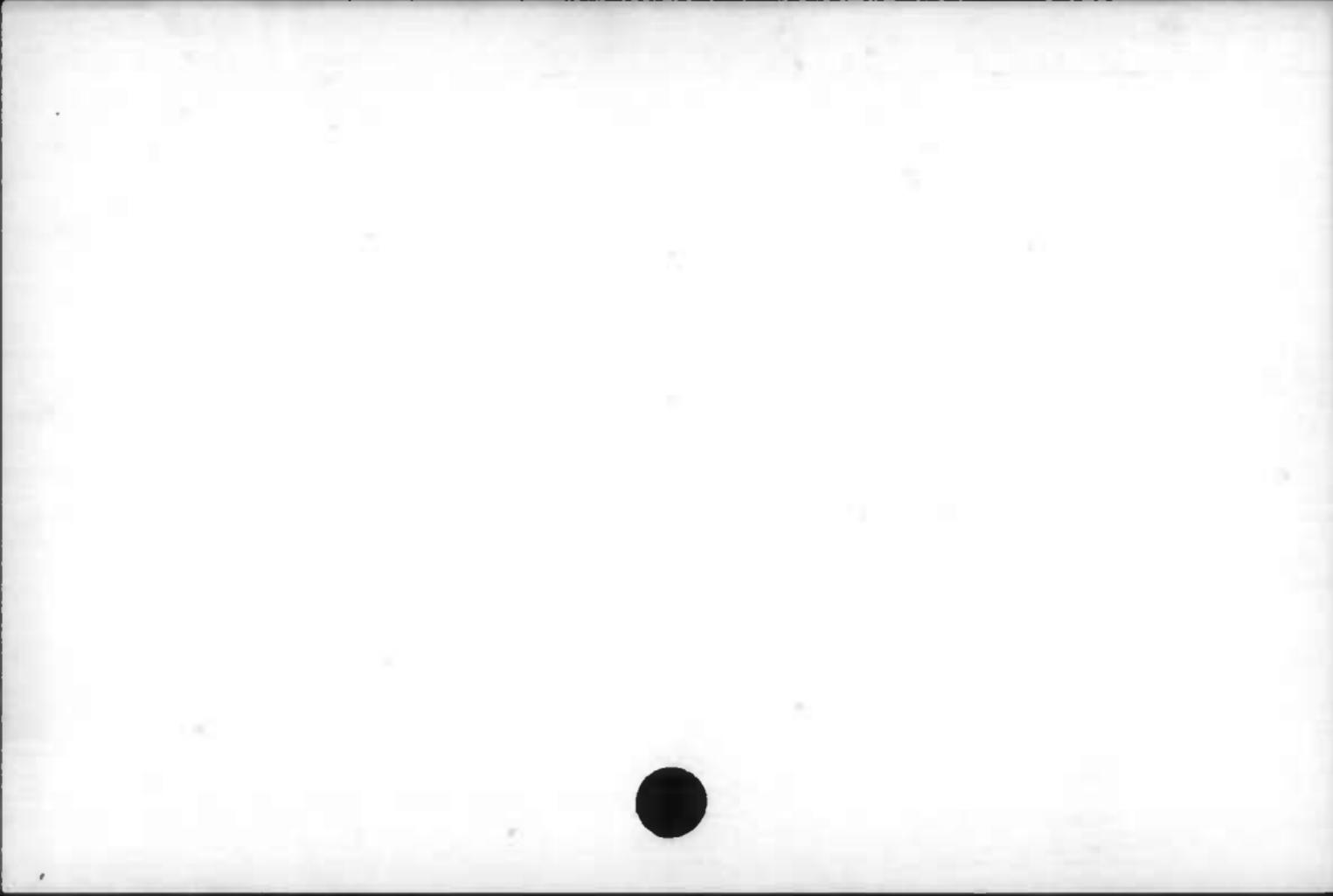
Four days.

How long

Four days.

How long

Four days.



Name
in
Full

Mrs Alvesta Keefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Frederick		County	Frederick		MARYLAND
Date of death 190	Month	Sex	Day	Age	Year	Month	Days
		Female	23	92	1900	2	0
Sex	Color or Race	white		Birthplace	Frederick, Md,		
Occupation	Retired			Where Residing if not at place of death	213 S Mkt. St., Frederick.		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Lewis H. Keefer		Father's Birthplace	Frederick, Md.	
Father's Name	Theodore Carlson				Mother's Birthplace	Md.	
Mother's Maiden Name	Eliza Newmworth				How related to deceased	Sister-in-law	
Name of person giving Information	Mrs Carlson				How long	177	

CAUSES OF DEATH

Primary

Not Known

Immediate

Cardiac Paralysis

Sudden death

Are the name, age, sex, color, date and place correctly given above?

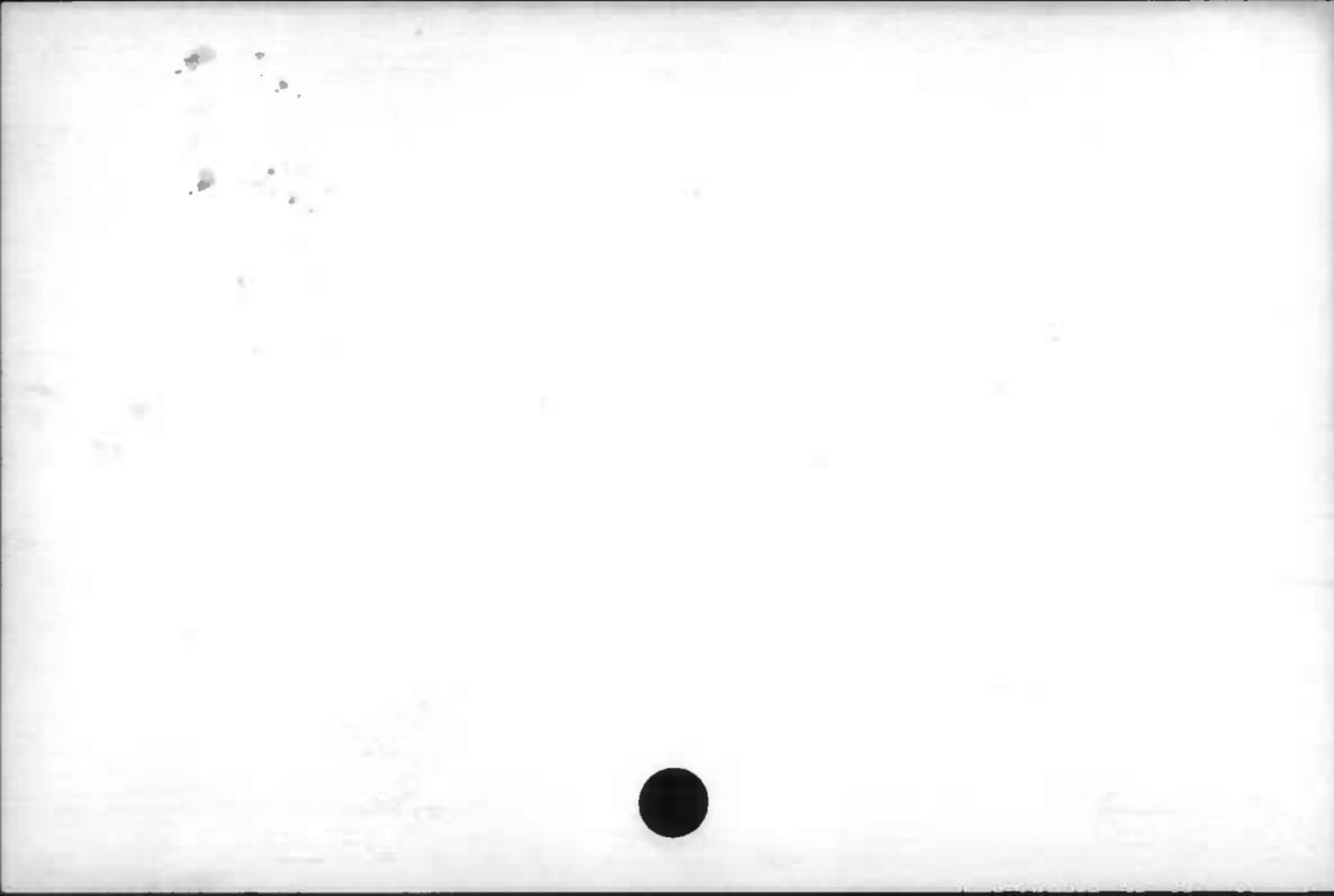
Signature of Physician

Address

J. D. Needax, M.D.
Frederick, Md.

Accident or Suicide

no -



Name
in
Full

Geo. W. M. Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Middlelown		County Fredrik	MARYLAND	
Date of death 1909 Oct 6	Month Oct	Day 6	Years 62	Months 1
Sex Male	Color or Race white	Age 62	Days 11	Birth-place Middlelown Md
Occupation Miller	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband Jennie Biser			
Father's Name Daniel Keller	Father's Birthplace Md.			
Mother's Maiden Name Jane R. Miller	Mother's Birthplace Md.			
Name of person giving Information Mrs. Keller	How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

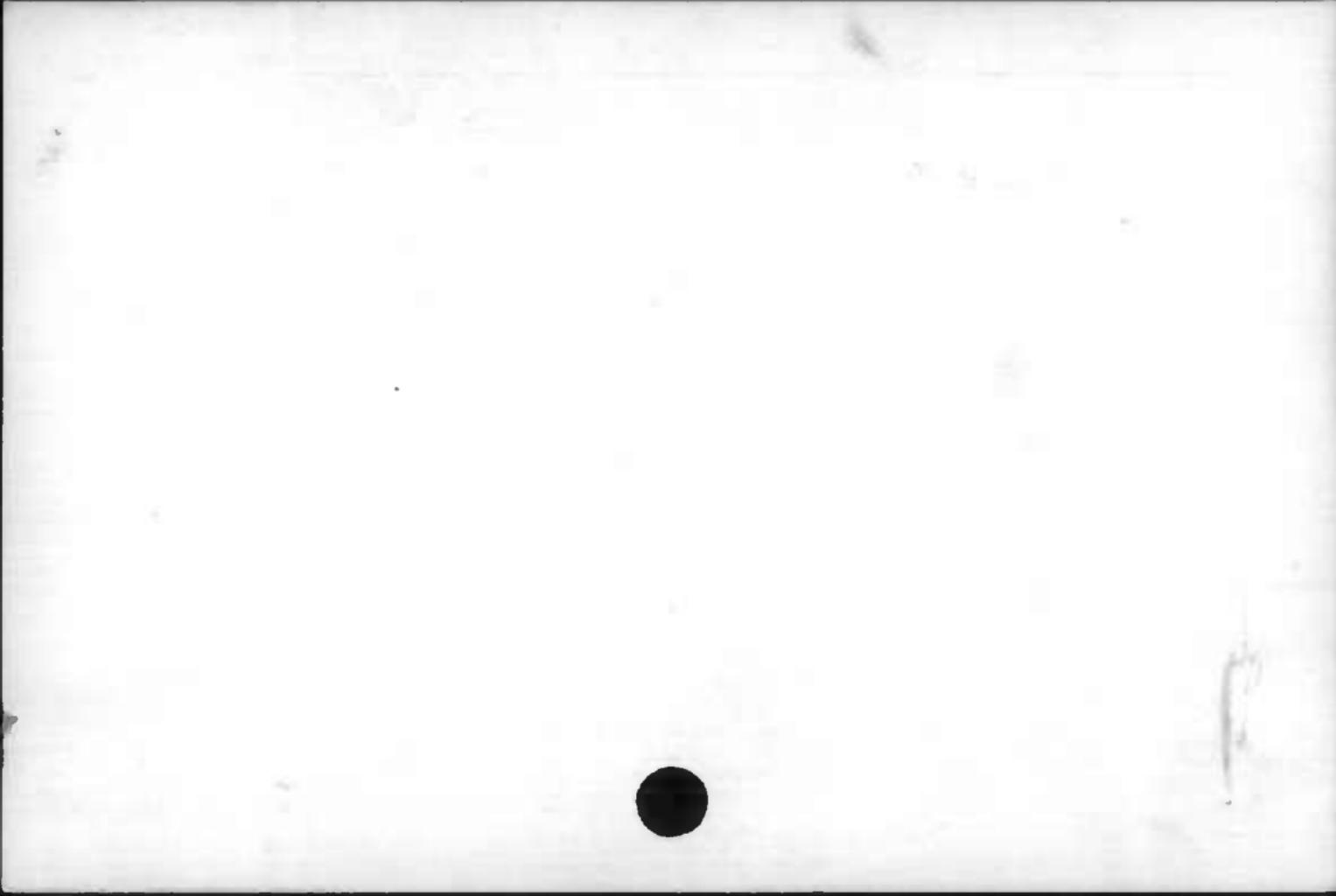
66

How long

How long

13 hrs.

R. V. Hanner
Middlelown Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Lincks

Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct	Day 4	Year	Month	Day
Sex	male	Color or Race	white	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death			Baltimore		
Married, Single or Widowed	Name of Wife or Husband			Baltimore		
Father's Name	Lewis N Lincks			Father's Birthplace	Baltimore	
Mother's Maiden Name	Sorrelle Corpen			Mother's Birthplace	Frederick Co.	
Name of person giving Information	Lewis Lincks			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Not viable at birth (7 mos. pregrant)

How long

Immediate

Open cervical respiration (gasp) occasionally

Are the name, age, sex, color, date and place correctly given above?

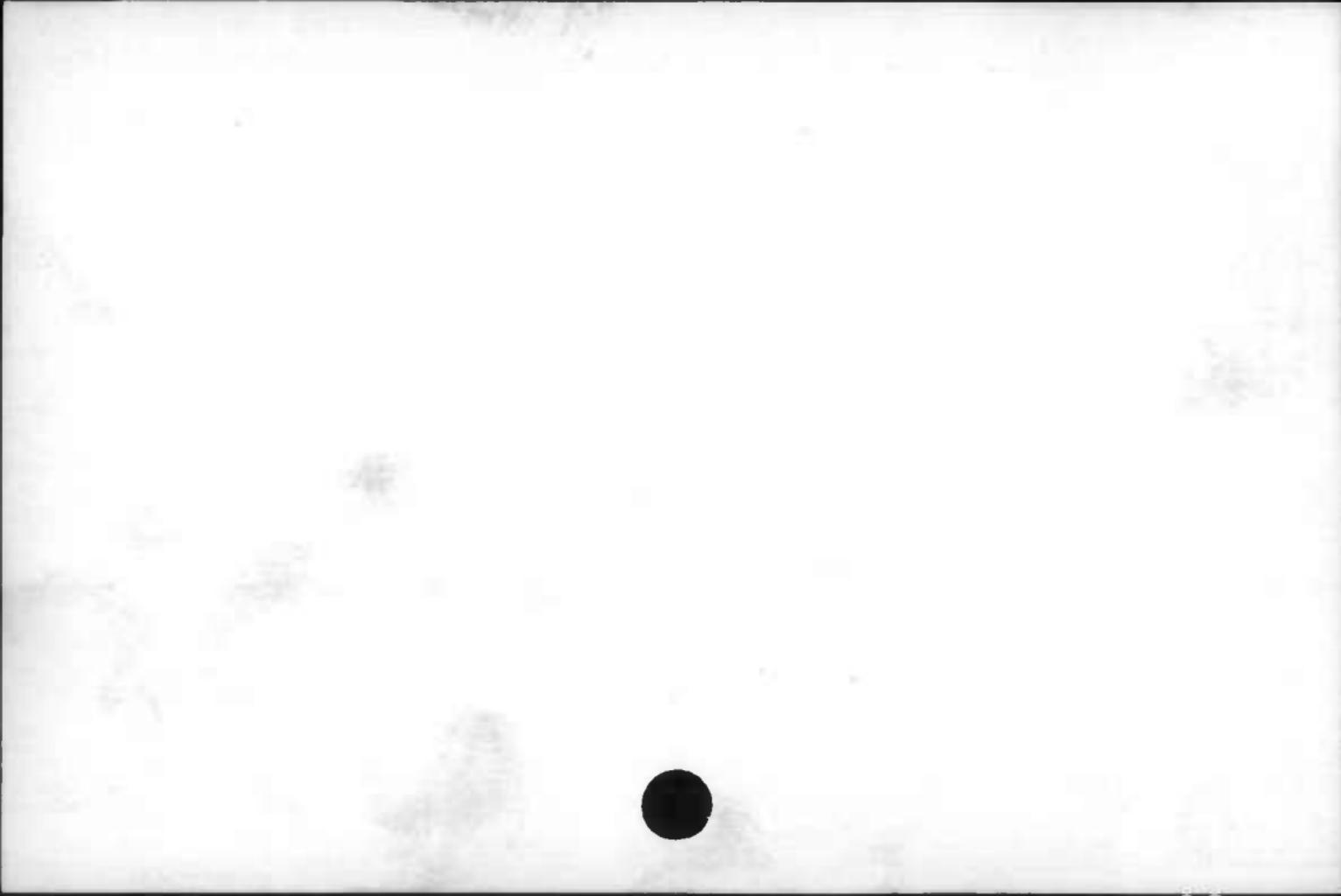
Yes

Signature of Physician

Address

Dr. W. R. Bunn, M.D.

Accident or Suicide



Name
in
Full

Clayton D. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hope Hill

Town

County

Pied

MARYLAND

Date
of death

1909

Month

Oct

Day

1

Years

Age

Month

18

Days

Sex

Male

Color or
Race

Negro

Birth-
place

Occupation

Where Residing if not
at place of death

Maryland
Laurey

Married, Single
or Widowed

Sing

Name of Wife or
Husband

Father's
Name

John D. Lee

Father's
Birthplace

Mother's
Maiden Name

Valley Digg.

Mother's
Birthplace

Name of person giving
Information

John D. Lee

How related
to deceased

Primary

CAUSES OF DEATH

152

How long

60 hrs.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

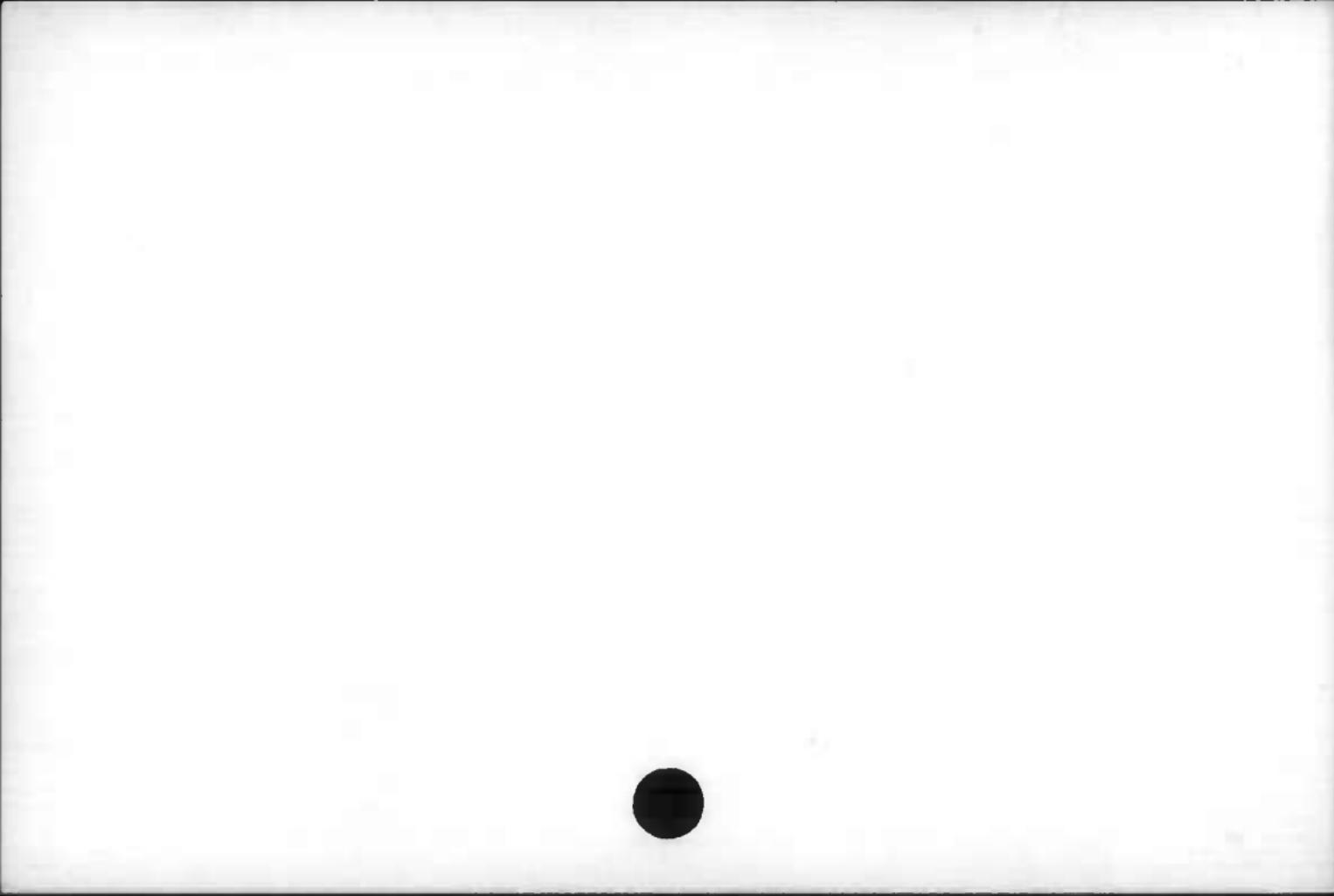
Signature of
Physician

Address

7. Clyde Routon
Buckey, town

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

James Garfield Lowry

MARYLAND

Town

County

Died at

13 Brunswick

Frederick

Month

Day

Year

Months

Days

Date
of death

1909 Oct

3

Year

3

14

Age

Sex

Male

Color or
Race

White

Birth-
place

3rd

Occupation

Sheer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Martin E. Lowry

Father's
Birthplace

5th

Mother's
Maiden Name

Grace O'Dwyer Smallwood

Mother's
Birthplace

5th

Name of person giving
Information

Martin E. Lowry

How related
to deceased

Father

CAUSES OF DEATH

71

Primary

Barbiturates

How long

Six Bush

Immediate

Salicylates

How long

2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

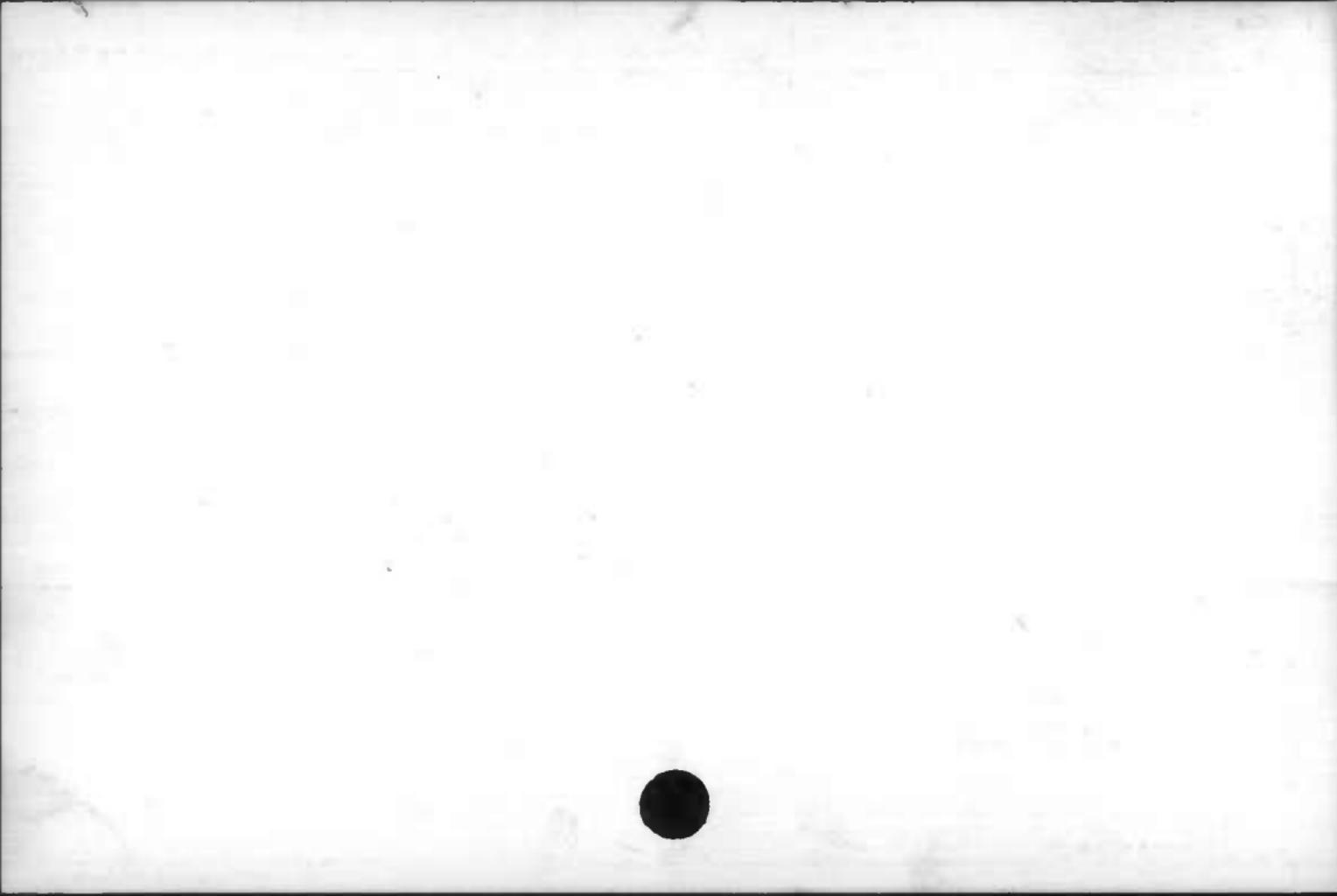
Address

Levin West

13 Brunswick St
Frederick Co

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ethel Pauline McKnight

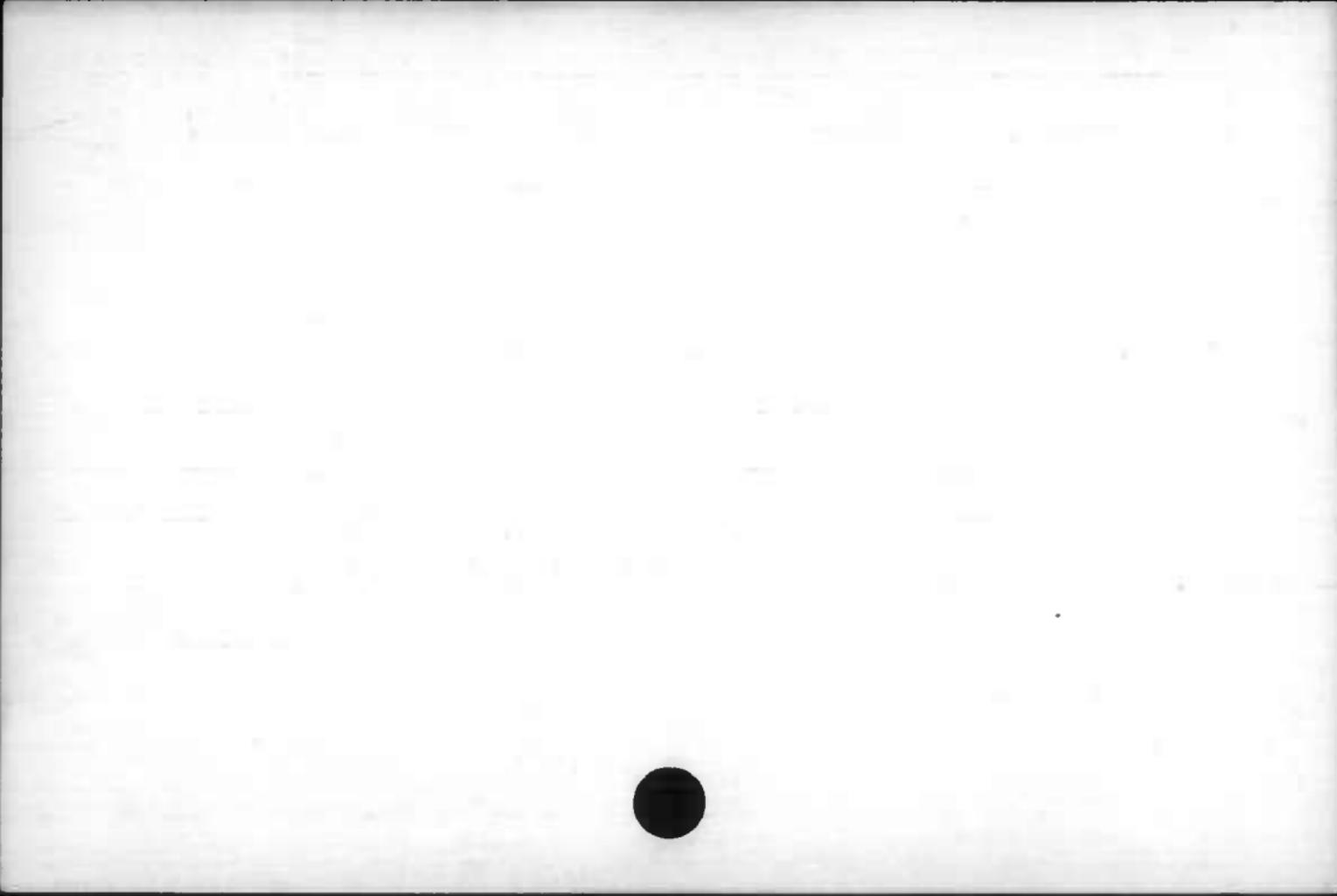
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace		Sonypotrock, Md	
Mother's Maiden Name	Mother's Birthplace		Near Jefferson Md	
Name of person giving Information	How related to deceased		Father	
CAUSES OF DEATH				
Primary	8		How long	
Immediate	Three Weeks		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Walker Trapnell	
		Address	Sonypotrock, Md	
Accident or Suicide				

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Annie Mary Mc Kinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Ladysburg</u>		Town	County <u>Frederick</u>		MARYLAND		
Date of death	1909	Month Oct.	Day 2	Years 49	Months 1	Days 2	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Occupation	<u>Housewife</u>		
Married, Single or Widowed	<u>Married</u>		<u>Theodore Mc Kinney</u>				
Name of Wife or Husband	<u>Theodore Mc Kinney</u>			Father's Name	<u>Peter Smith</u>		
Mother's Maiden Name	<u>Annie Smith</u>			Mother's Birthplace	<u>Maryland</u>		
Name of person giving Information	<u>Theodore Mc Kinney</u>			How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

Primary I saw the patient 30 hours before her death; she had rectal abscess, temp 109, pulse 108, and pain in the cardiac region. How long had been sick one week.

PHYSICIAN
OR CORONER

Immediate

Angina Pectoris

109

Are the name, age, sex, color, date and place correctly given above?

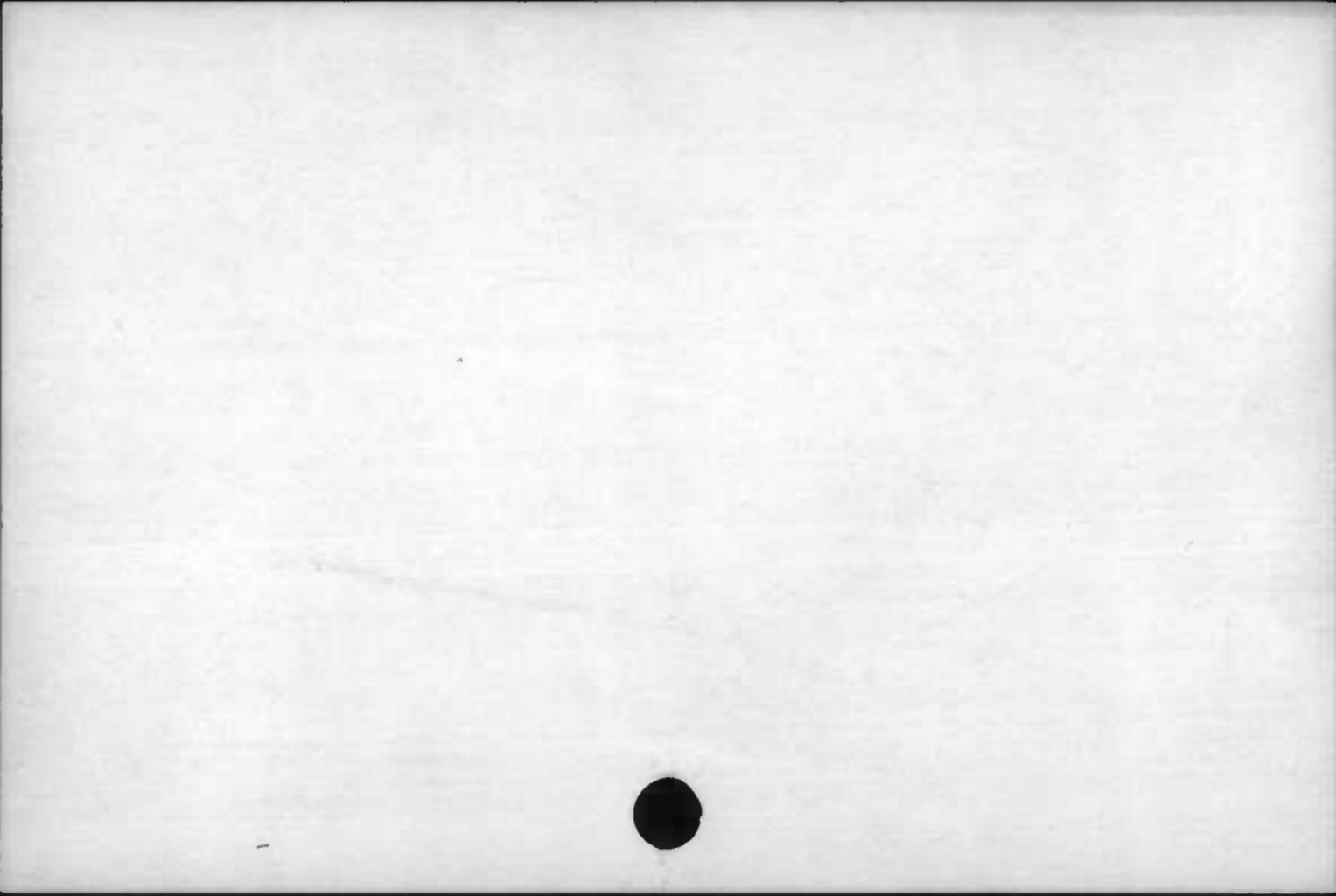
Yes

Signature of Physician

Address

John J. Ligget, M.D.
Ladysburg,
Md.

Accident or Suicide?



Name
in
Full

Edward F. M. Sweeny.

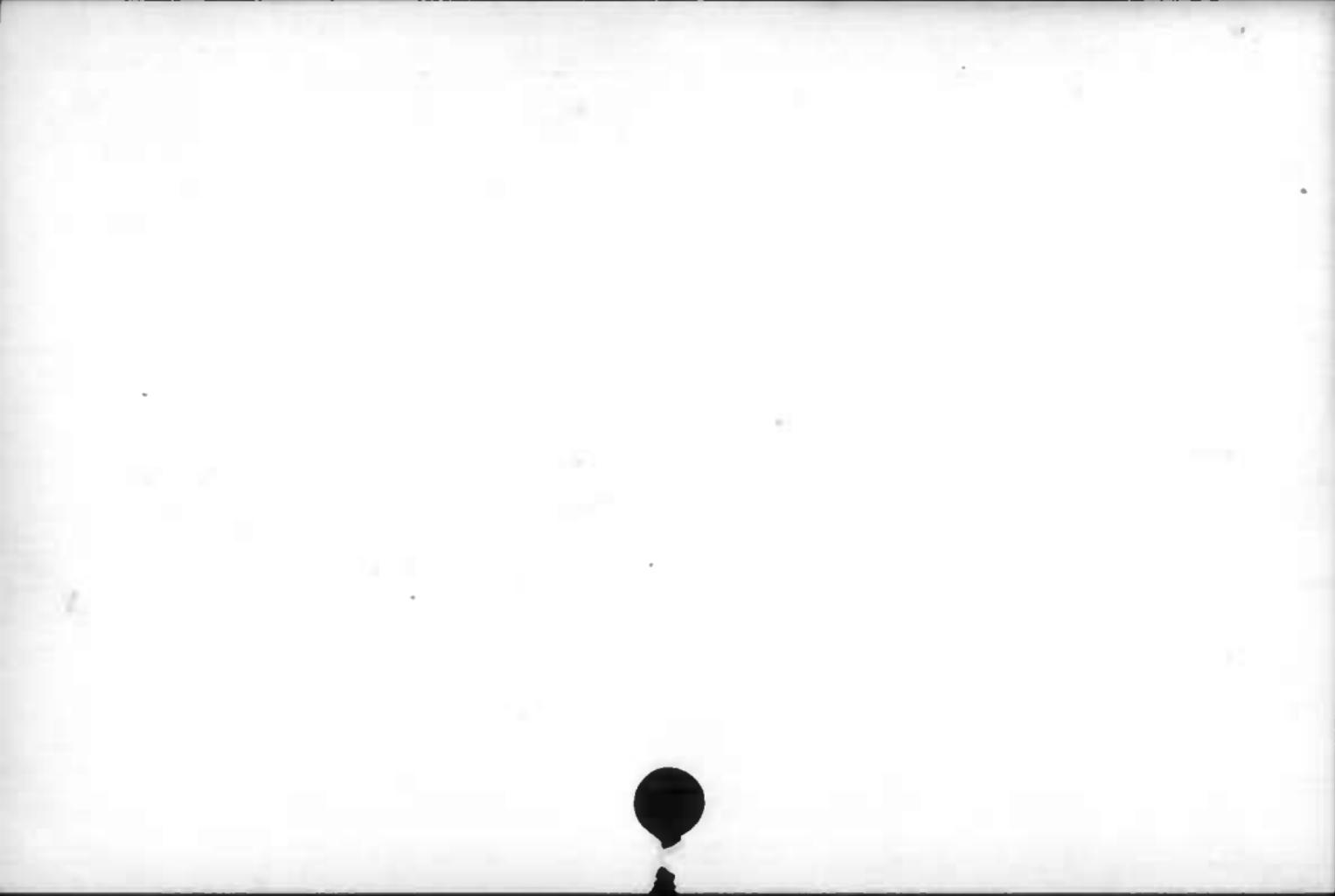
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at	Frederick			
Date of death	Month	Day	Years	Months
1909	Oct.	19	Age 66	Days
Sex	Color or Race	Birth-place		
Male	White	Ireland		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single	O'Galarion Mc-Sweeny			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Ireland			
Name of person giving Information	Mother's Birthplace			
W ² -Dennis Flynn	Ireland			
How related to deceased		woman		

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH	178	✓
Sudden death.			How long	
Worse				
Immediate	Heart Failure	How long	Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John B. Brown, M.D.	
Yes		Address	Summerville, Md.	
Accident or Suicide				



Name
in
Full

Samuel D. Menter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Deerfield	Frederick		5-	21
Date of death 1909	Month 10	Day 1	Years 55	Months
Sex Male	Color or Race white	Birth-place Md	Days	
Occupation laborer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name David Menter	Father's Birthplace Md			
Mother's Maiden Name Lavina Smith	Mother's Birthplace "			
Name of person giving Information Miss Menter	How related to deceased	Sister		

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

66

5 years

Immediate

Senile Hemiplegia

How long

2 years

Are the name, age, sex, color, date and place correctly given above?

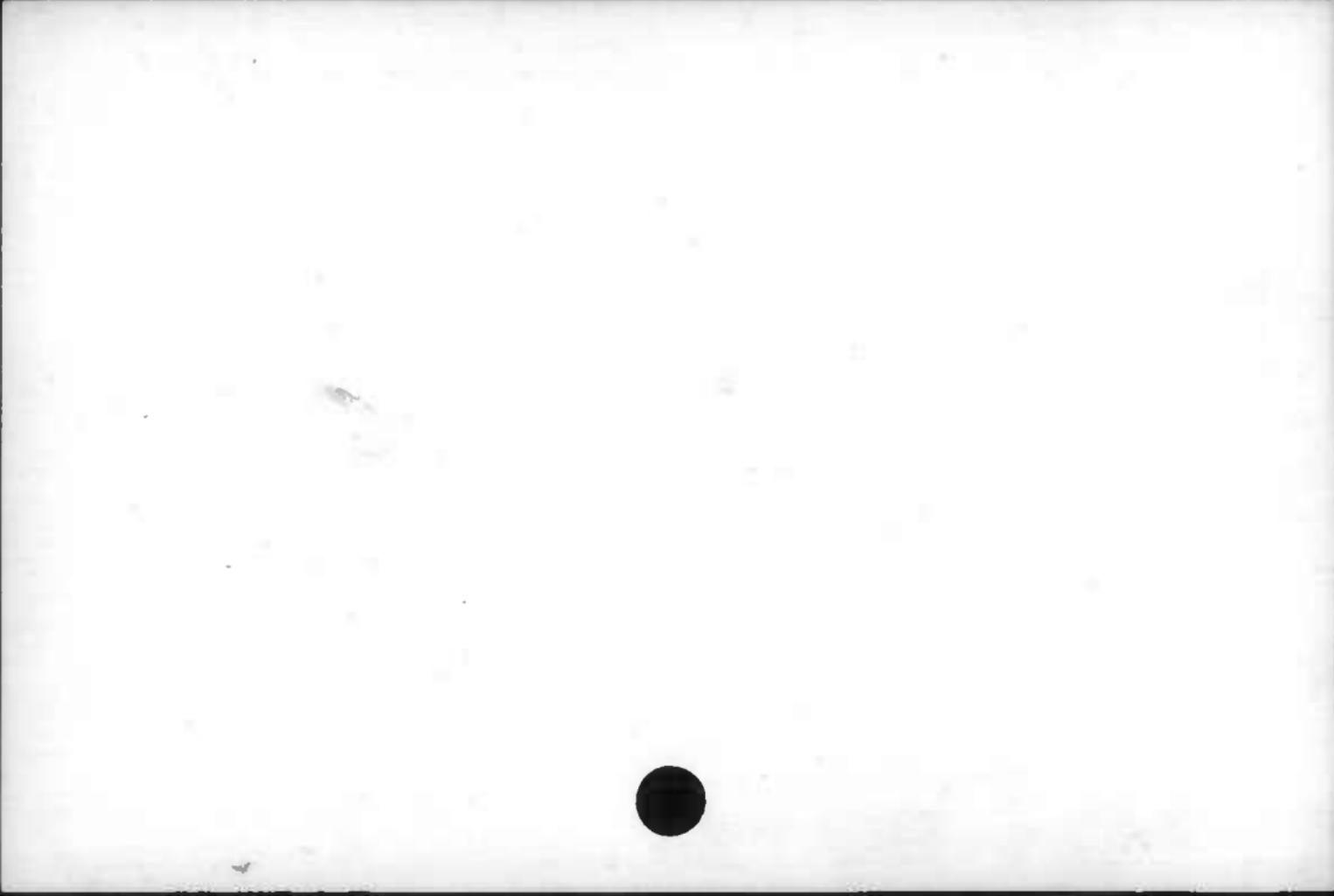
Signature of Physician

Address

G. A. Lefevre
Sherrill's Mill

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Chas Henry Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1909	Month Oct	Day 18	Years 42	Months 6 Days 16
Sex	Male	Color or Race	White	Birthplace	Fredrick
Occupation	Merchant	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Mrs Celia Miller		
Father's Name	Henry Miller		Father's Birthplace	Frederick	
Mother's Maiden Name	Elizabeth Busing		Mother's Birthplace	" "	
Name of person giving information	Physician		How related to deceased	name	

CAUSES OF DEATH

Primary

Spinal Meningitis

61

How long

2 weeks

Immediate

Sore

How long

" " 2 weeks

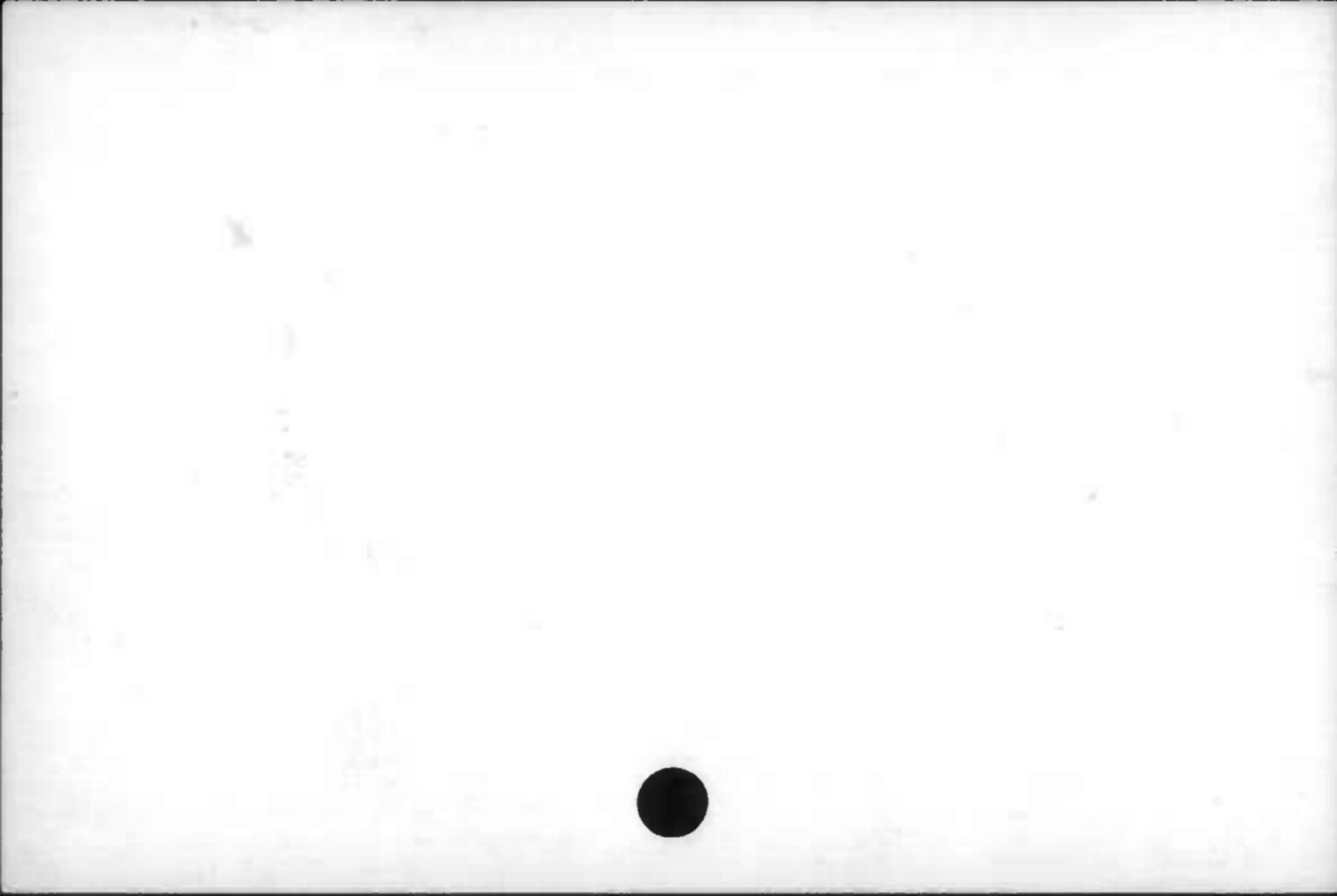
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Accident or Suicide



Name
in
Full

Frank P. Mort

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mountaineale</u>		Town <u>Frederick</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>19</u>	Years <u>11</u>	Months <u>5</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Mountaineale</u>			
Occupation <u>nil</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Samuel Mort</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Rebeca Waldeck</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Syphilis How long Several yr

Immediate Exhaustion How long Several months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

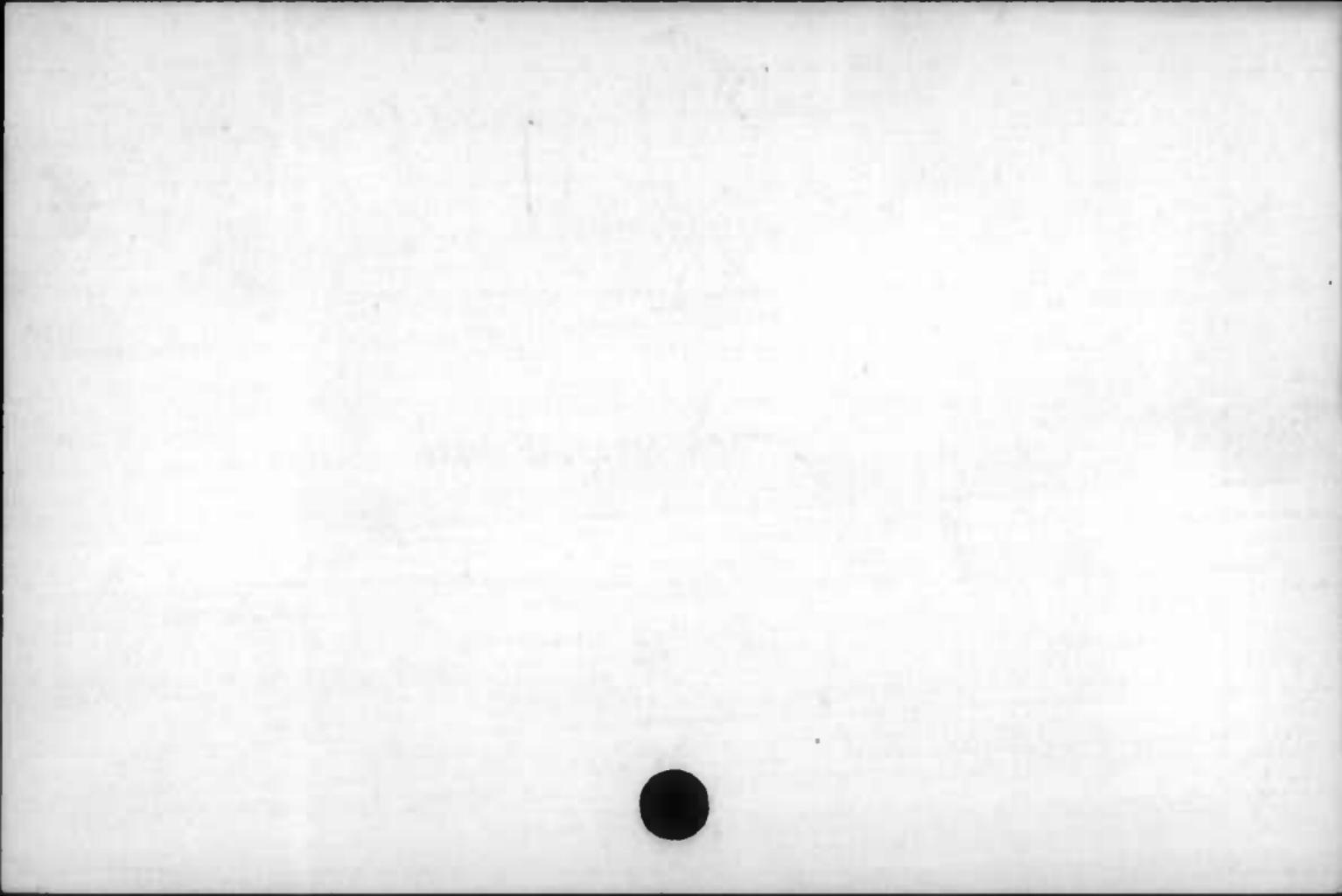
Address

Dobillier

Darwick

Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Wm Morgan,

CERTIFICATE OF DEATH

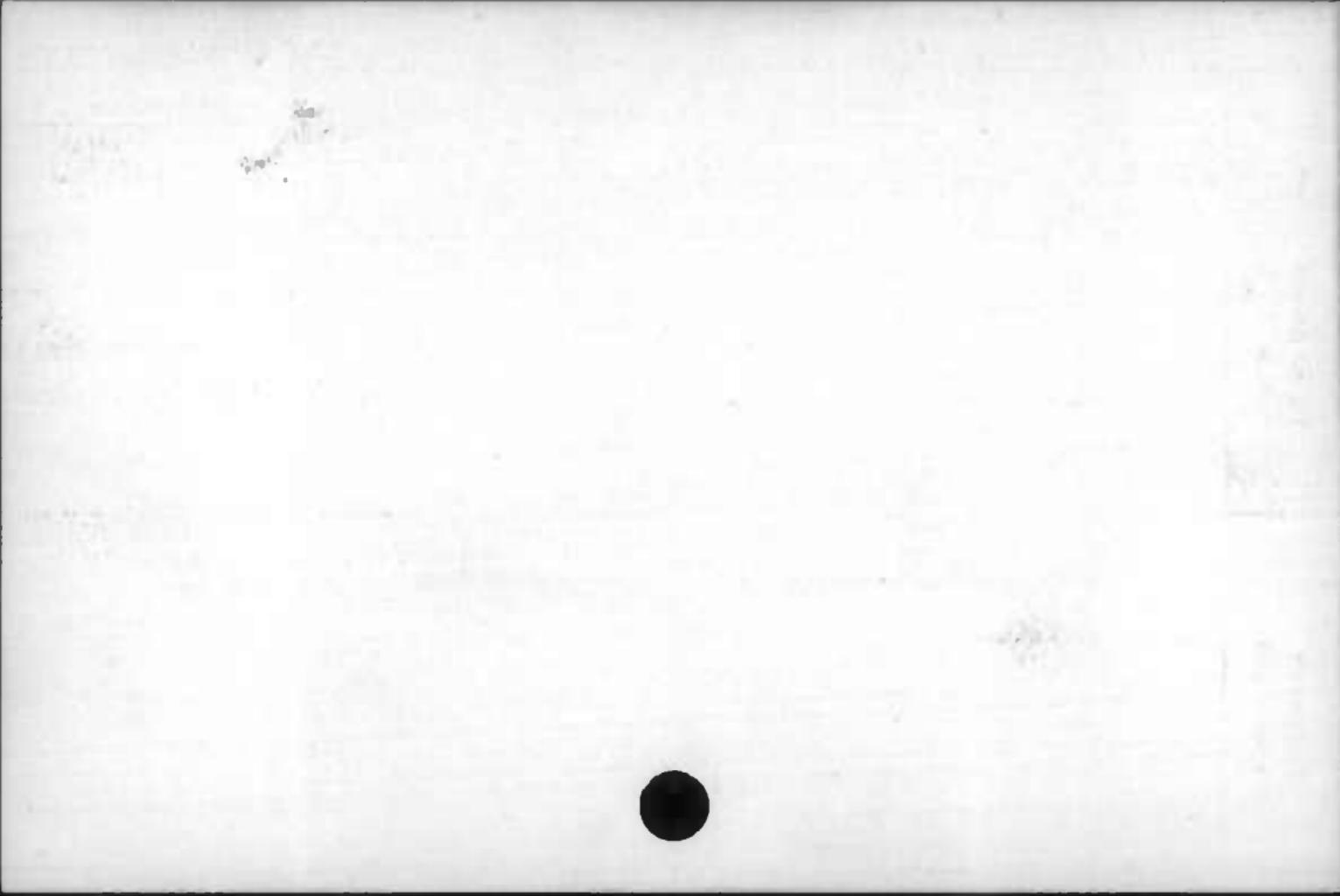
Died at <u>Frederick</u>		Town <u>Frederick</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>4</u>	Years _____	Months _____	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Age _____ Birth-place <u>Frederick, Md.</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <u>Charles Morgan</u>	Father's Birthplace <u>Frederick, Md.</u>				
Mother's Maiden Name <u>Elsie Young</u>	Mother's Birthplace <u>Frederick, Md.</u>				
Name of person giving Information <u>Chas. Morgan</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Ovenature Birth</u>	How long <u>151</u> <input checked="" type="checkbox"/>				
Immediate	How long <u>one day</u>				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William Edward Orosion

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>3</u>	Years <u>—</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u> ^{Md}			
Occupation <u>—</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William E. Orosion</u>	Father's Birthplace <u>Frederick Co Md</u>				
Mother's Maiden Name <u>Annie E. Funk</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Annie E. Orosion</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

151

How long

Two weeks

How long

Three days

Primary

Marasmus

Immediate

Cardiac Asthenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B.O. Thomas, M.D.

Address

Frederick

Md.

Accident or Suicide?

Interment Oct 4 1909

" at Knoxville Freed, Co, Md.
Cemetery

Thomas P. Rice F.D.

Dr Thomas
McCurdy.

Name
in
Full

Sarah A. Pittinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1909	Month	10	Day	29	Years	53
Sex	Female	Color or Race	White	Birth- place	Frederick Co Md		
Occupation	House Wife	Where Residing if not at place of death			Same		
Married, Single or Widowed	Married	Name of Wife or Husband	John W. Pittinger			Father's Birthplace	Mod.
Father's Name	Baltzer Gogle			Mother's Birthplace	Pa		
Mother's Meiden Name	Susan Stoner			How related to deceased	Husband		
Name of person giving Information	John W. Pittinger			164	How long		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fall down cellar steps

Immediate

Broken neck

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address



Accident or Suicide

Interment Oct 31 1909
" at Beaver Dam Cemetery
Thomas P. Rice F. d.

Dr Goodman

Dr McCurdy

Name
in
Full

William Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Myssaville		Frederick			
Date of death 1909	Month Oct	Day 30	Years 76	Months 8	Days 15
Sax Male	Color or Raca White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Henriette Powell -				
Father's Name William Powell	Father's Birthplace Washington Co.				
Mother's Maiden Name Lee Rivers	Mother's Birthplace Washington Co.				
Name of person giving Information Henriette Powell	How related to deceased Wife				

CAUSES OF DEATH

Primary

Cardiac Disease of heart

Immediate

Pulmonary embolism

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.C. Weller
Booneboro
Washington Co.

Accident or Suicide

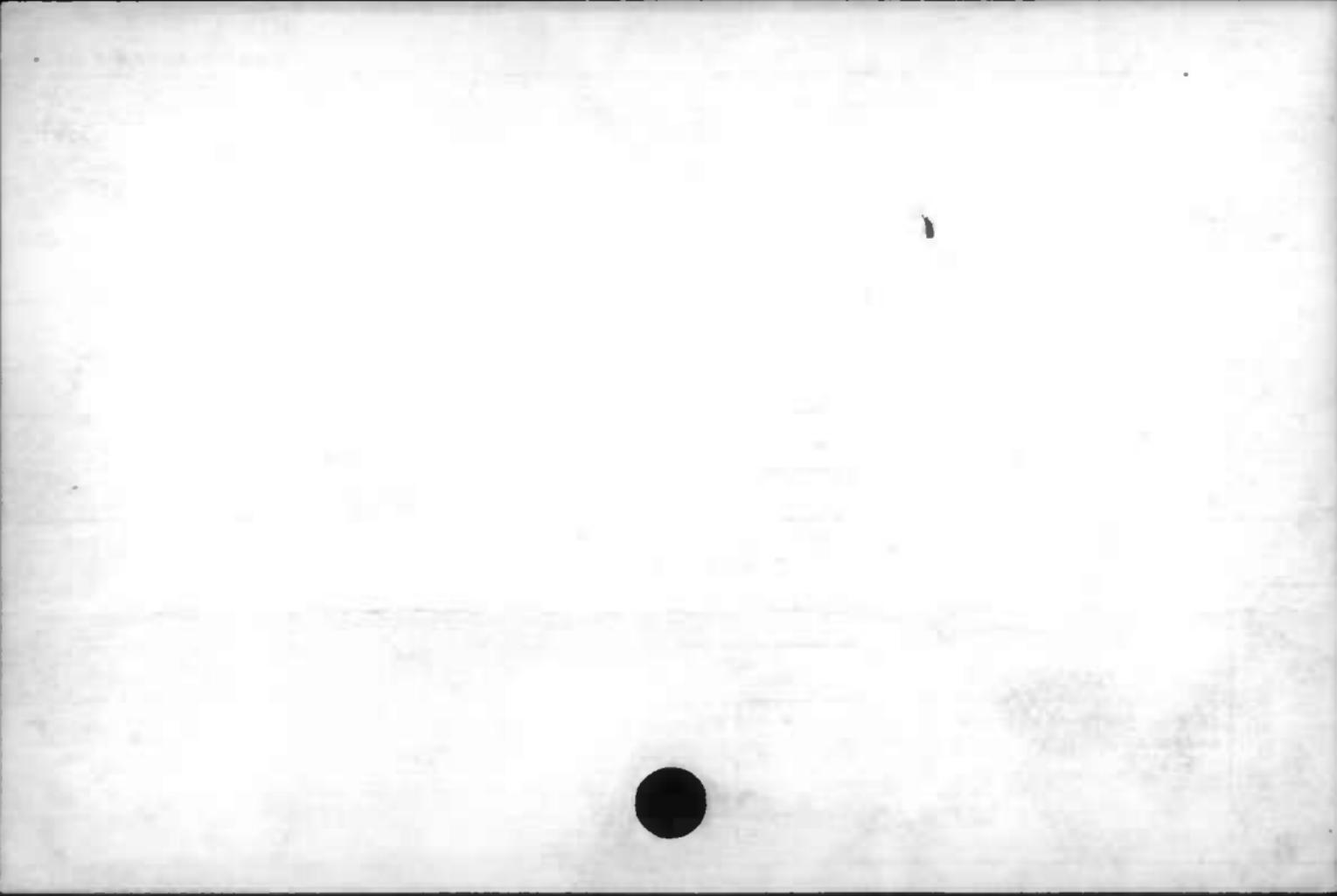
79

How long

4 yrs.

How long

7 days



Name
in
Full

Levi Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at near Hyattstown	Month	Day	Years	Month	Days
Date of death 1909, October 28 th			Age 74		
Sex Male	Color or Race	White	Birth-place	Md	
Occupation Farmer & distiller.	Where Residing if not at place of death			near Hyattstown, Md.	
Married, Single or Widowed widower,	Name of Wife or Husband	McElfresh.			
Father's Name Eliza Price	Father's Birthplace			Md.	
Mother's Maiden Name Sarah Ann. Wolf	Mother's Birthplace			Md.	
Name of person giving Information John Gardner.	How related to deceased			Son in law	

CAUSES OF DEATH

154

How long

✓

Primary

Old Age.

Immediate

General debility.

How long

several years.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

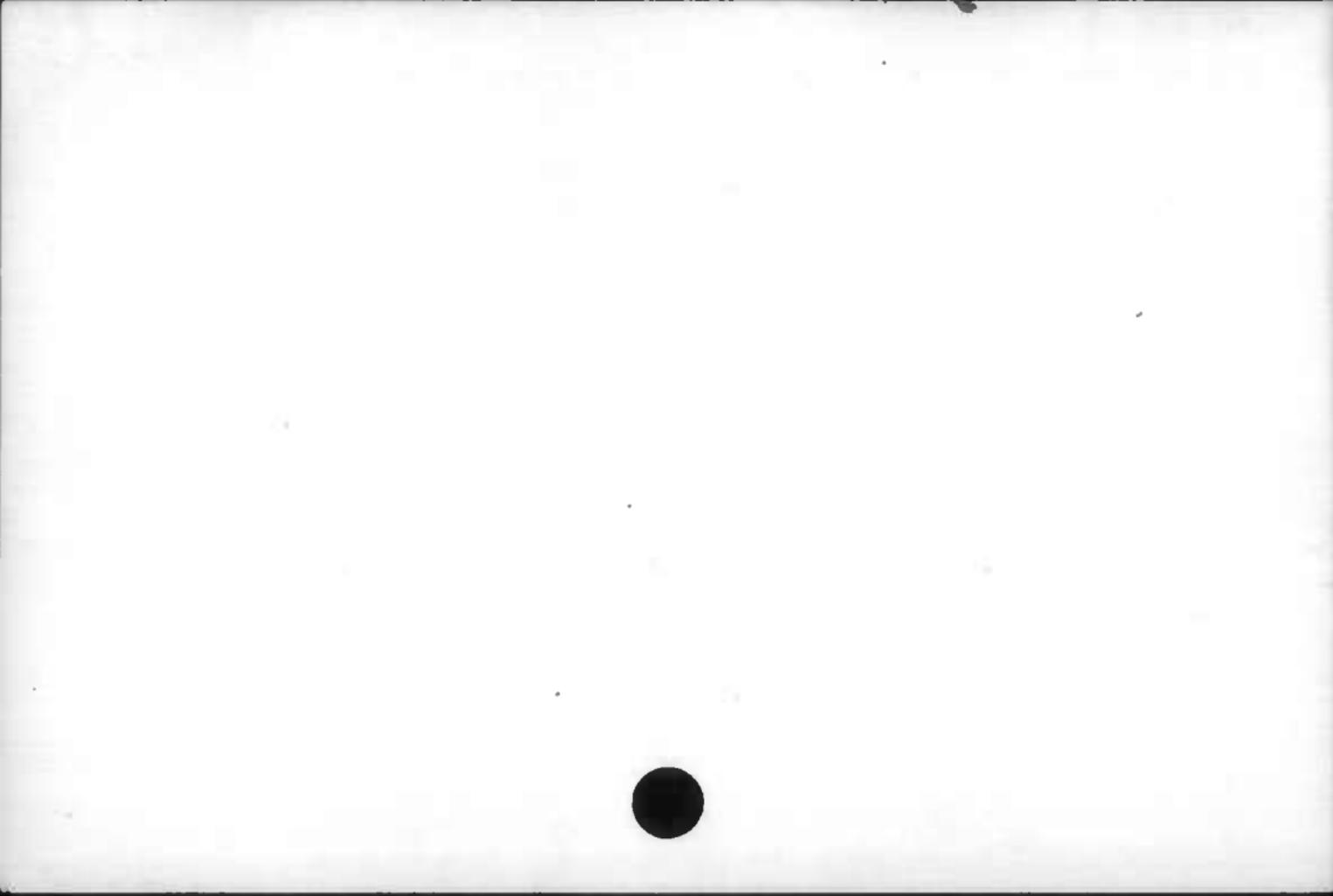
Thomas Grunwell, Sub Registrar.

Address

Araby.

Md.

Accident or Suicide



Name
in
Full

Wesley Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town		County	MARYLAND	
Sabillasville			Frederick		
Date of death	Month	Day	Age	Years	Months
1909	Oct	7	50	3	15
Sex	Male	Color or Race	White	Birth-place	Washington Co., Md.
Occupation	Laborer				
Married, Single or Widowed	Name of Wife - Husband				
Joseph Pryor	Virginia E. Williard				
Father's Name	Father's Birthplace				
Isabella Smith	Washington Co., Md.				
Mother's Maiden Name	Mother's Birthplace				
Thomas Pryor	Washington Co., Md.				
Name of person giving Information	How related to deceased				
Thomas Pryor	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

120

How long

Probably 1 year

Immediate

Wremia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

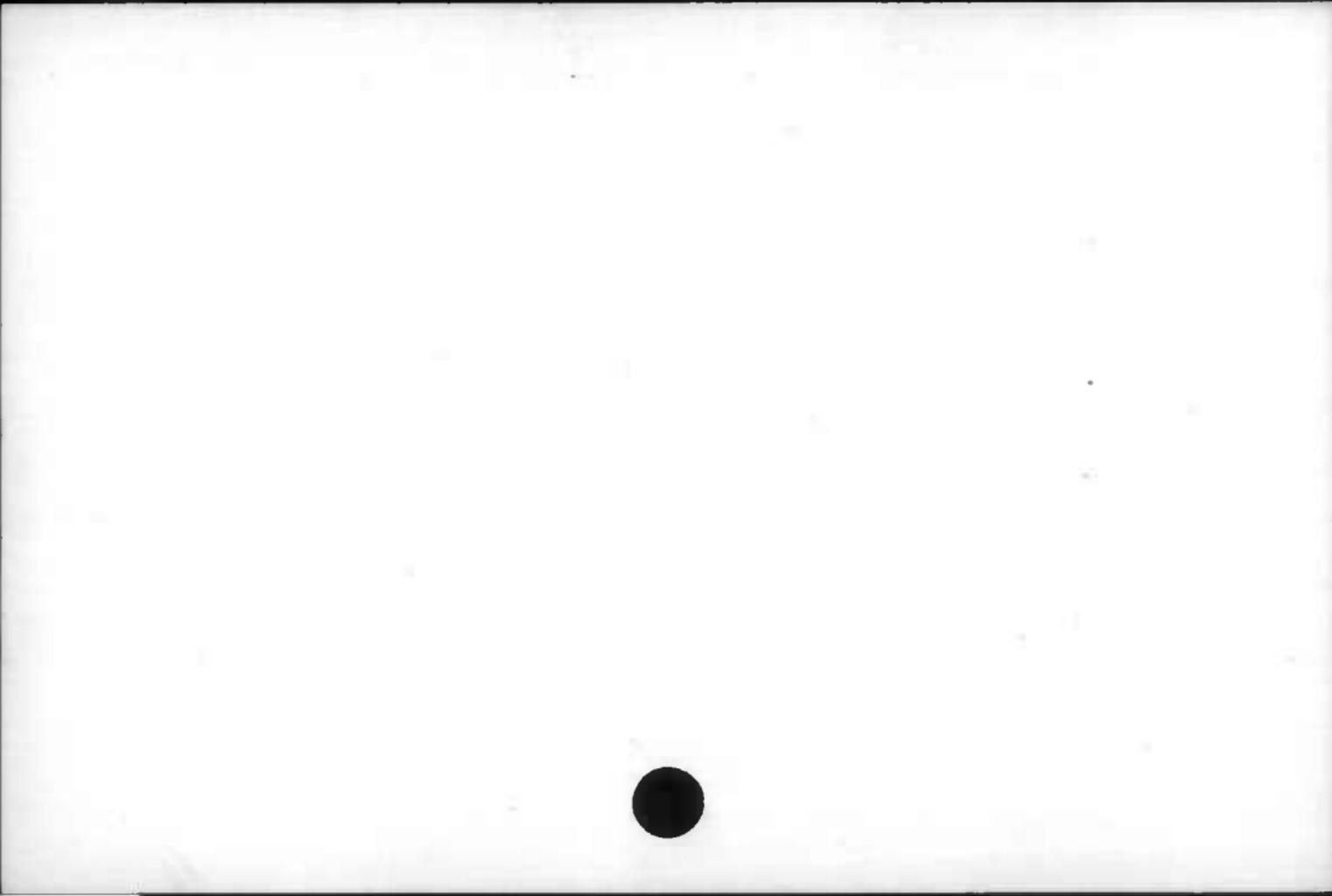
yes

Signature of Physician

Address

G. L. Wachter M. D.
Sabillasville Md.

Accident or Suicide



Name
in
Full

Albert Frederick Ransberry

CERTIFICATE OF DEATH

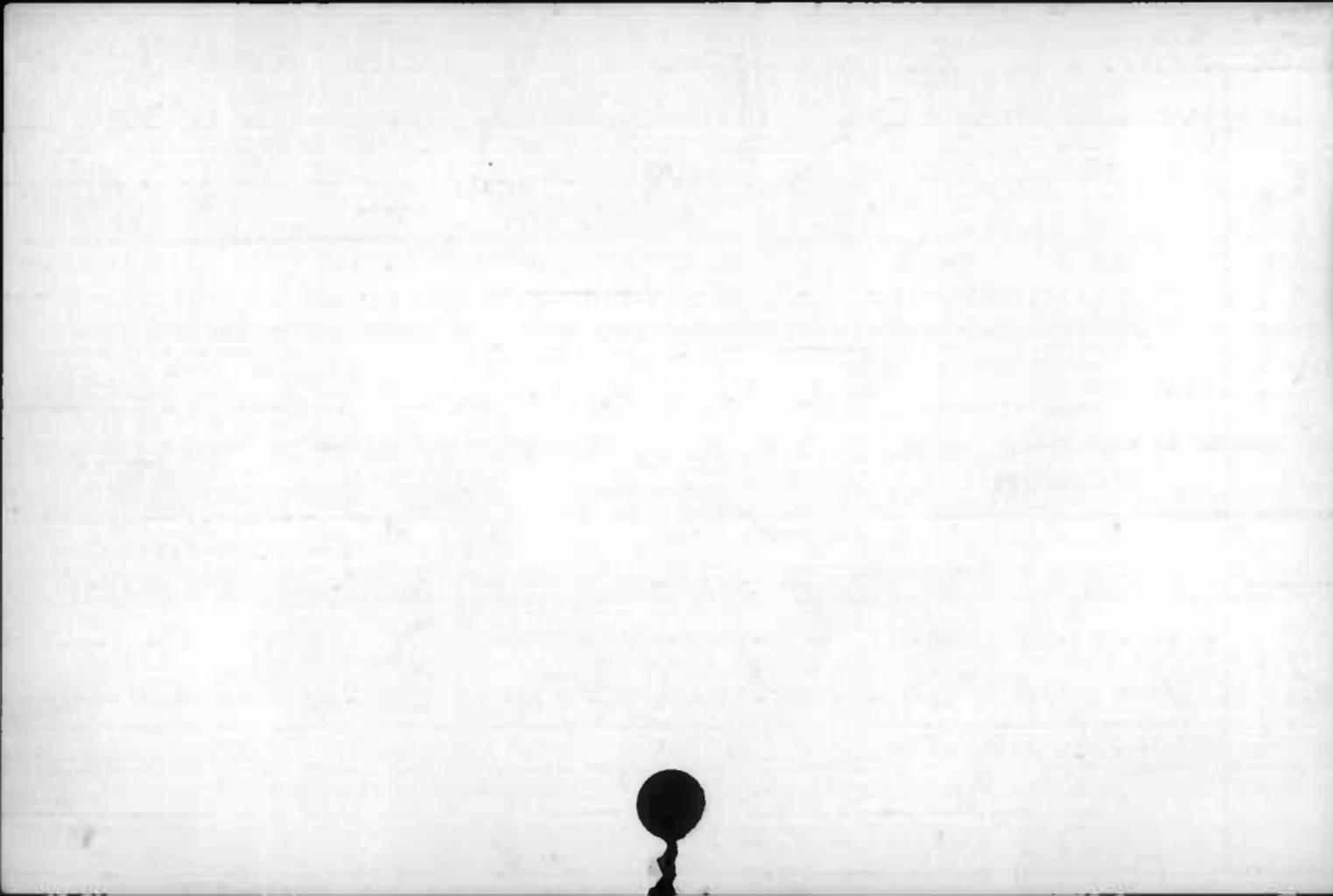
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month Oct	Day 12	Years 74	Months 9	Days 11
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Mary S. Ransberry			
Father's Name	Frederick Ransberry		Father's Birthplace		Md.	
Mother's Maiden Name	Lydia Snook		Mother's Birthplace		Md.	
Name of person giving information	Alberta Nikirk		How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart & Kidney disease		79	How long	1 year
Immediate	Heart failure			How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. V. Hanmer		
		Address	Middletown Md.		
Accident or Suicide?					



Name
in
Full

Margaret R Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 10	Day 1	Age 14	Months	Years	Days
Sex	Female	Color or Race	White	Birthplace Frederick Md			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John A Roberts			Father's Birthplace Frederick Md			
Mother's Maiden Name	Emma F Smith			Mother's Birthplace			
Name of person giving Information	John A Roberts			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

Immediate

Cardiac Paroxysm

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

9

How long

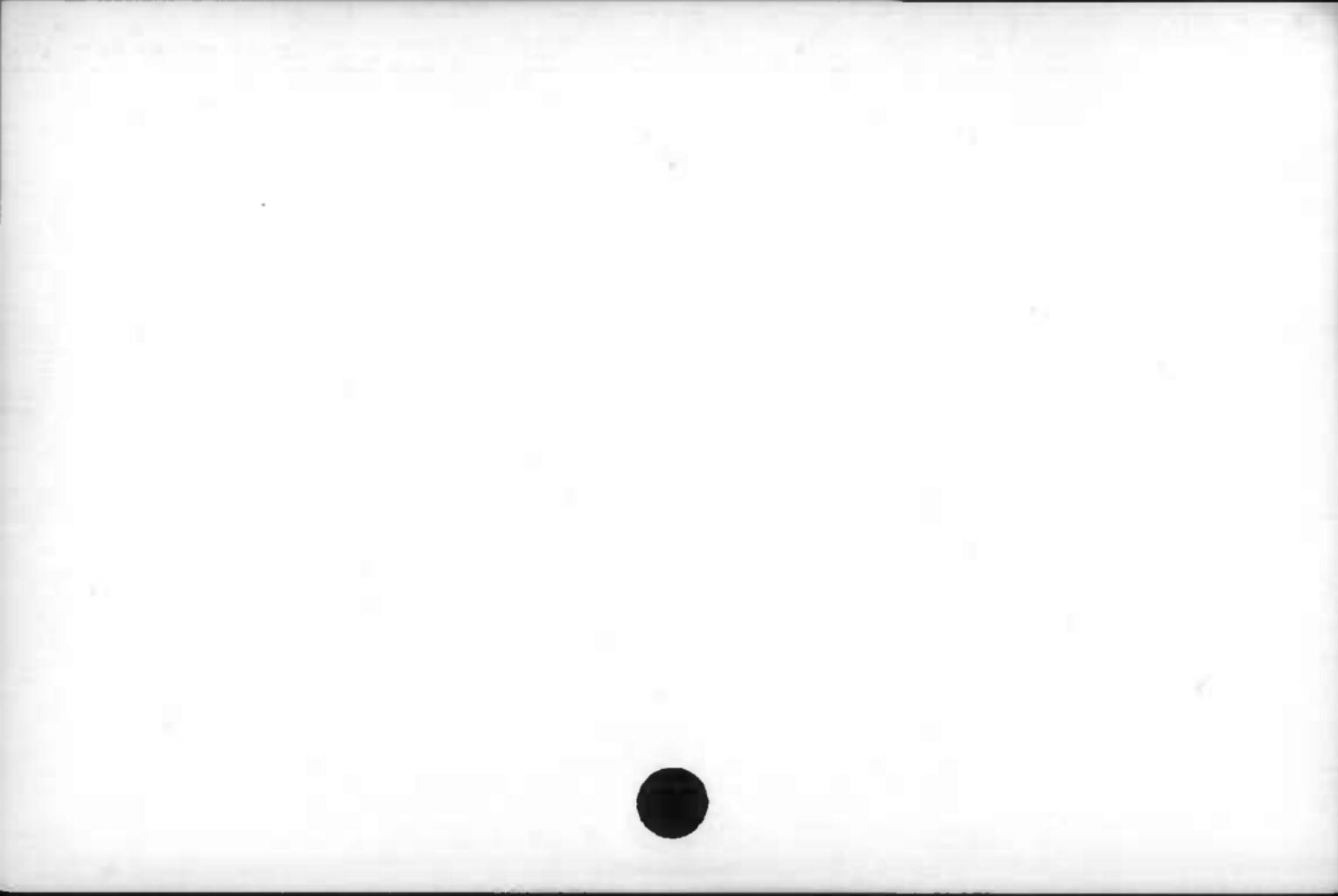
How long

5 days

Emma F Smith

F H Hedger
Frederick

Accident or Suicide



Name
in
Full

Jefferson Roberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Montevue Hospital** Town **Frederick** County
MARYLAND
Date of death **1909** Month **Oct** Day **7th** Years **82** Months **X** Days
Sex **Male** Color or Race **Colored** Birthplace **Md**
Occupation **Laborer** Where Residing if not at place of death **Name**
Married, Single or Widowed **Widowed** Name of Wife or Husband **X**
Father's Name **Cluston** Father's Birthplace **Cluston**
Mother's Maiden Name **"** Mother's Birthplace **"**
Name of person giving Information **Nicholas Gassaway** How related to deceased **Relative**

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

General Debility -
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

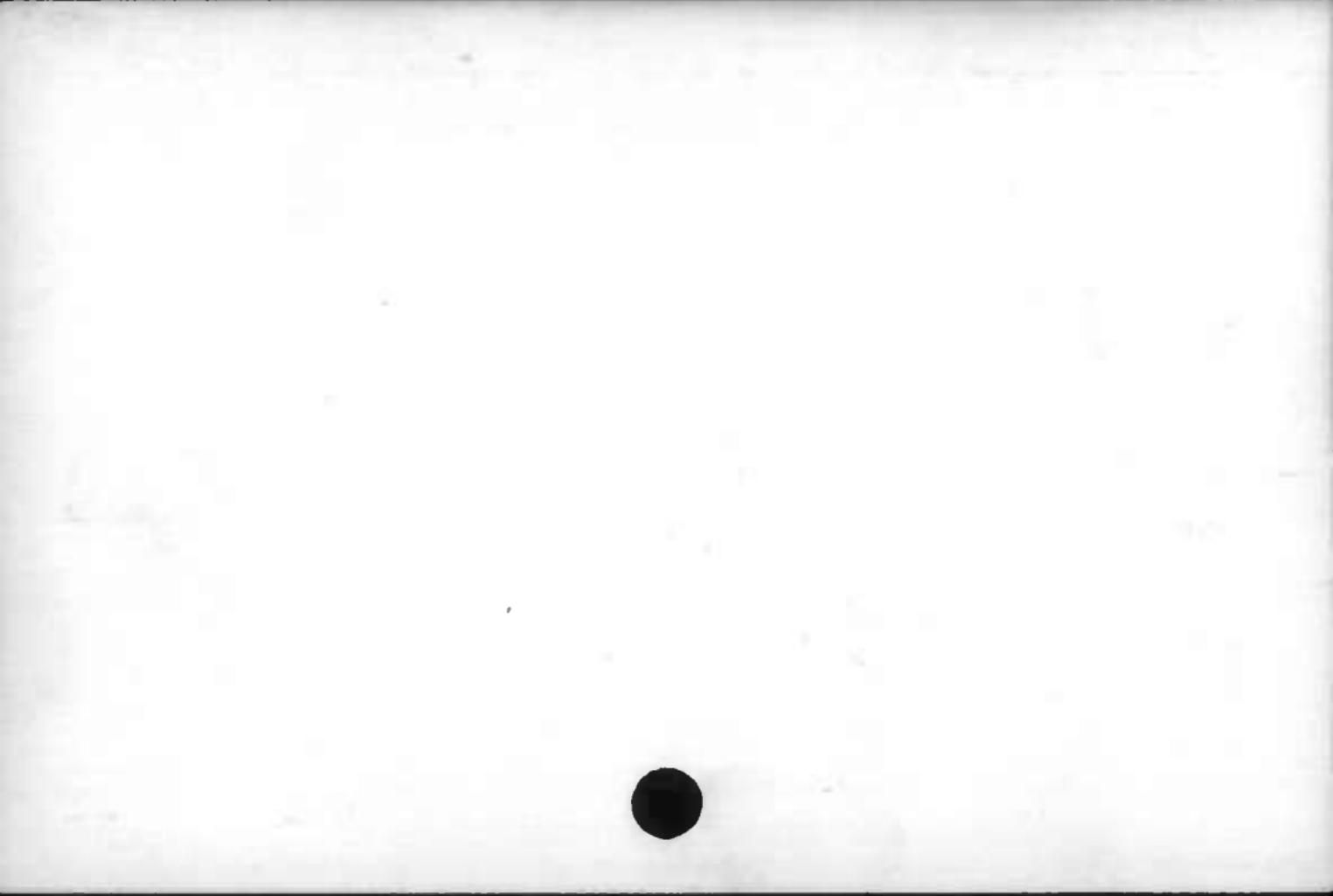
Accident or Suicide

154

How long

How long

119 Corcoran St.,
Frederick Md.



Name
in
Full

Minerva A. Root

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Thurmont Town Frederick County MARYLAND

Date of death 1909 Oct. 14 Month Day Years Months Days

Sex Female Color or Race white Birth-place 7 Md. 24

Occupation wife Where Pending if not at place of death

Married, Single or Widowed married Name of Wife or Husband John Root

Father's Name Jas W. Miller Father's Birthplace Md.

Mother's Maiden Name Johanna Eighelbarger Mother's Birthplace Md.

Name of person giving Information Rev Root How related to deceased Husband

CAUSES OF DEATH

Primary

Chronic Gastro-Cardio-Arterial Sclerosis 57 yrs.

64

How long

Immediate

Arterial Hemorrhage 2 days.

Are the name, age, sex, color, date and place correctly given above?

yes

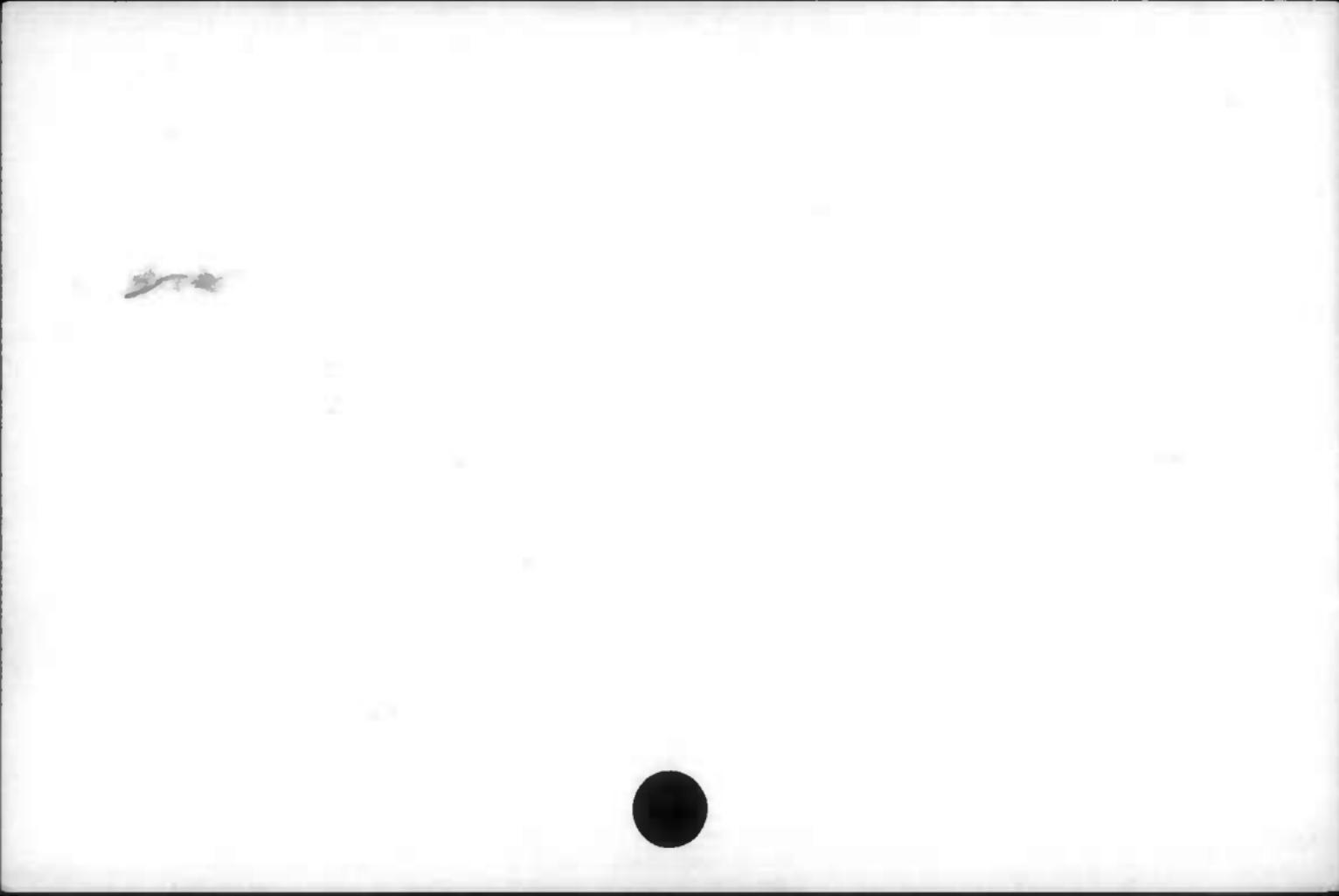
Signature of
Physician

Address

Morris A. Bixby
Thurmont
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Frederick W. Schleigh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 10	Day 7	Years 75	Months 7	Days 7	
Sex	Male	Color or Race	White		Birth-place	Frederick	
Occupation	Coach Retired Painter		Where Residing if not at place of death		Name		
Married, Sing or Widowed	Widowed	Name of Wife or Husband	Mary Miller		Father's Birthplace	Hagerstown	
Father's Name	Daniel W. Schleigh				Mother's Birthplace	Frederick	
Mother's Maiden Name	Mary A. Mayberry				How related to deceased	Daughter	
Name of person giving information	Mrs. Chas E. Mooberry						
CAUSES OF DEATH							
Primary	Hemorrhage of Brain			64	How long	6 days	
Immediate	Caudate Paroxysm				How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. K. Hege
Frederick

Accident or Suicide?

Interment Oct 10 - 1909.

" at Mt Olivet Cemetery

Thomas P. Rice F. D.

Dr Hedges

as McCurdy

Name
in
Full

Paul Edward Schroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 10	Day 2	Years —	Months —	Days 21	
Sex	Male	Color or Race	White	Birth-place	Near Schleysville		
Occupation	Where Residing if not at place of death			Same			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Charles E Schroyer			Father's Birthplace	Frederick		
Mother's Maiden Name	Bettie V. Eyles			Mother's Birthplace	" " "		
Name of person giving information	Chas E. Schroyer			How related to deceased	Father		

CAUSES OF DEATH

105

How long

4 days

How long

4 days

PHYSICIAN
OR CORONER

Primary

Massacre

Immediate

Enter. Colitis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Paul H. Heder

Frederick

Accident or Suicide?

Interment Oct 3 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr Haedger

Dr Goodell

Dr M. Cundy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Sieginda Francis Seiss		County		CERTIFICATE OF DEATH	
Died at		Town	Roeby Ridge	County		fredrick	
Date of death		Month	Day	Age	Years	Months	Days
190		9 Oct.	28	73		8 -	2
Sex		Female	Color or Race	white		Birth- place	Eyler's Valley, Md.
Occupation		Housewife		Where Residing if not at place of death		at place of death	
Married, Single or Widowed		Single	Name of Wife or Husband	Never Married		Father's Birthplace	
Father's Name		Nathaniel J. Seiss				Eyler's Valley, Md.	
Mother's Maiden Name		Rebecca Anna M. Kossie				Mother's Birthplace	
Name of person giving Information		Mrs. Wm. Mott				How related to deceased	
						sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
obstruction of bowels

108

How long

2 days

Immediate
Heart failure

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

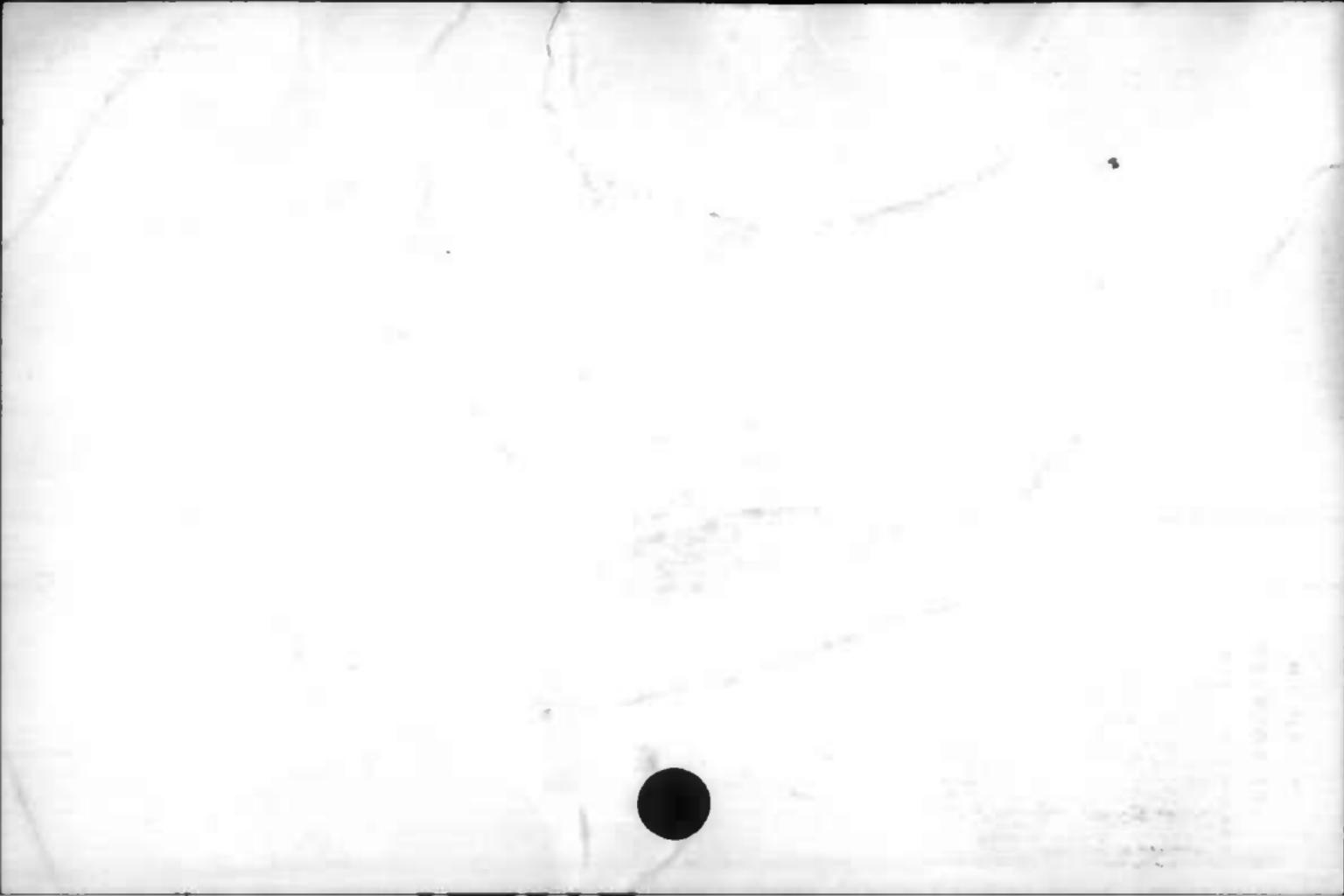
Address

C. N. Dreier

Detour
Md.

Accident or Suicide

No -



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jacob S Shantz

CERTIFICATE OF DEATH

MARYLAND

Town

Frederick

County

Frederick

Died at

Frederick

Day

23

Years

55

Month

Oct

Date
of death

1909

Color or
Race

White

Months

9

Deys

1

Sex

Male

Occupation

Farmer

Where Residing if not
a place of death

Myersville Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm & Mary

Father's
Name

John

Name of Wife or
Husband

John

Mother's
Maiden Name

Lucy

Name of Wife or
Husband

Lucy

Name of person giving
Information

John Biddle

Birth-
place

Md

Father's
Birthplace

Md

Mother's
Birthplace

Md

How related
to deceased

Son

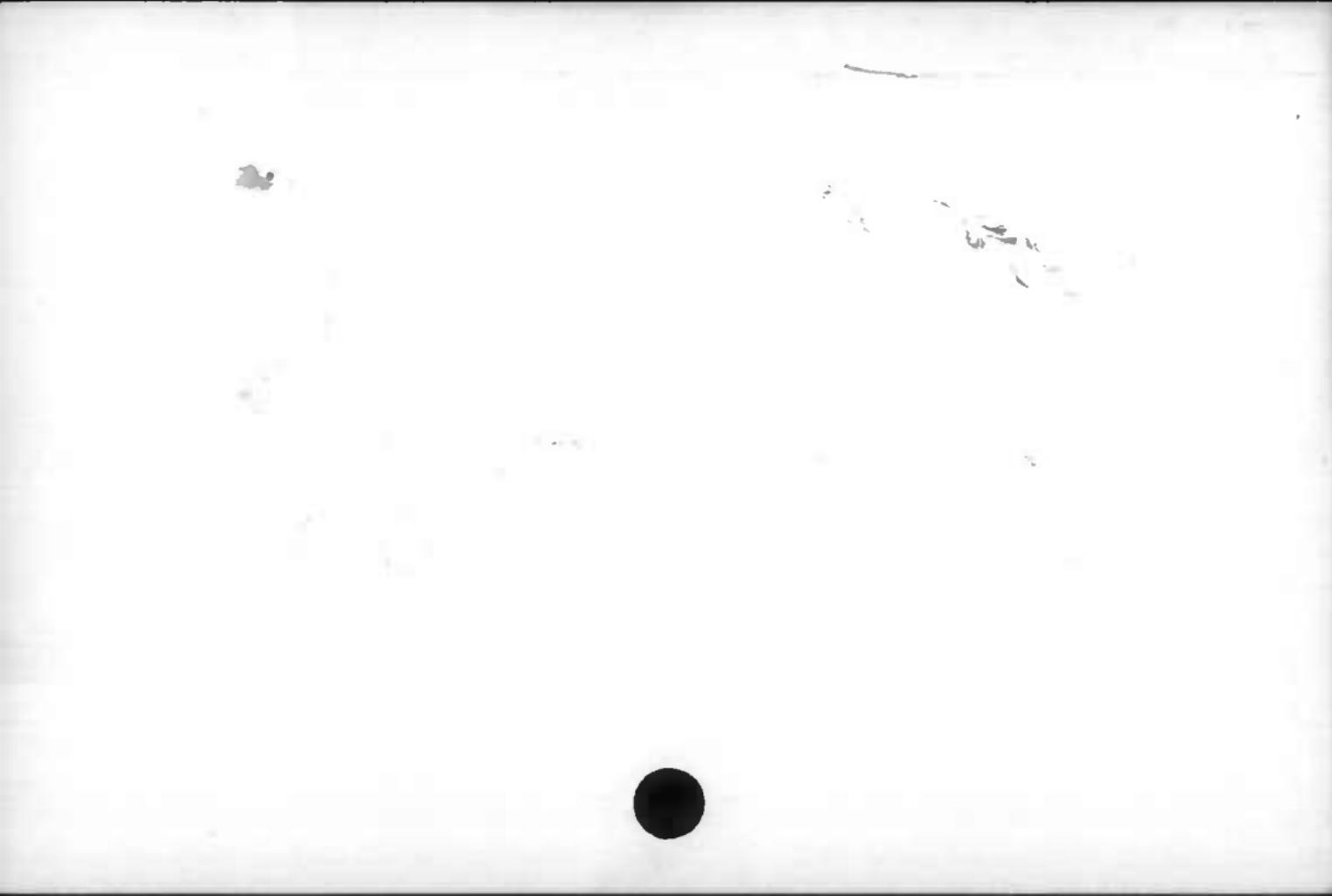
166

✓

How long

36 hours

How long



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at	Ladisburg	Month	Day	Years	Month	Days	
Date of death	1904	OCT	31	Age	82		
Sax	Female	Color or Race	Vehicle	Birth- place	unknown		
Occupation	none	Where Residing if not at place of death			same		
Married, Single or Widowed	widow	Name of Wife or Husband	unknown				
Father's Name	unknown				Father's Birthplace	unknown	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving Information	Eugene Morris				How related to deceased	husband of Grandchild	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General asthenia

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

154

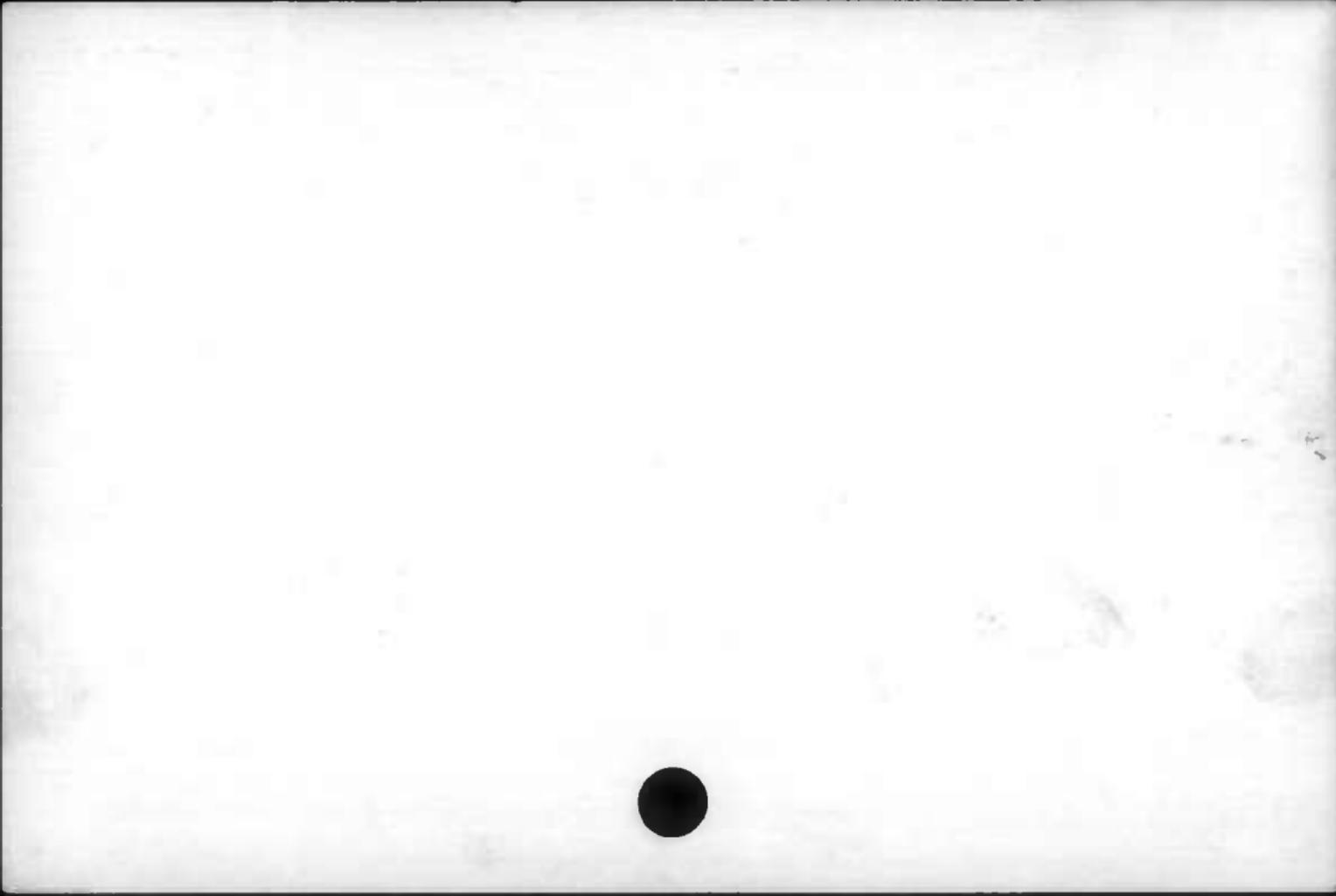
How long

How long

Accident or Suicide

no.

G.H. Legg.
Elmwood Bridge Md



Name
in
Full

William L. Layton Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

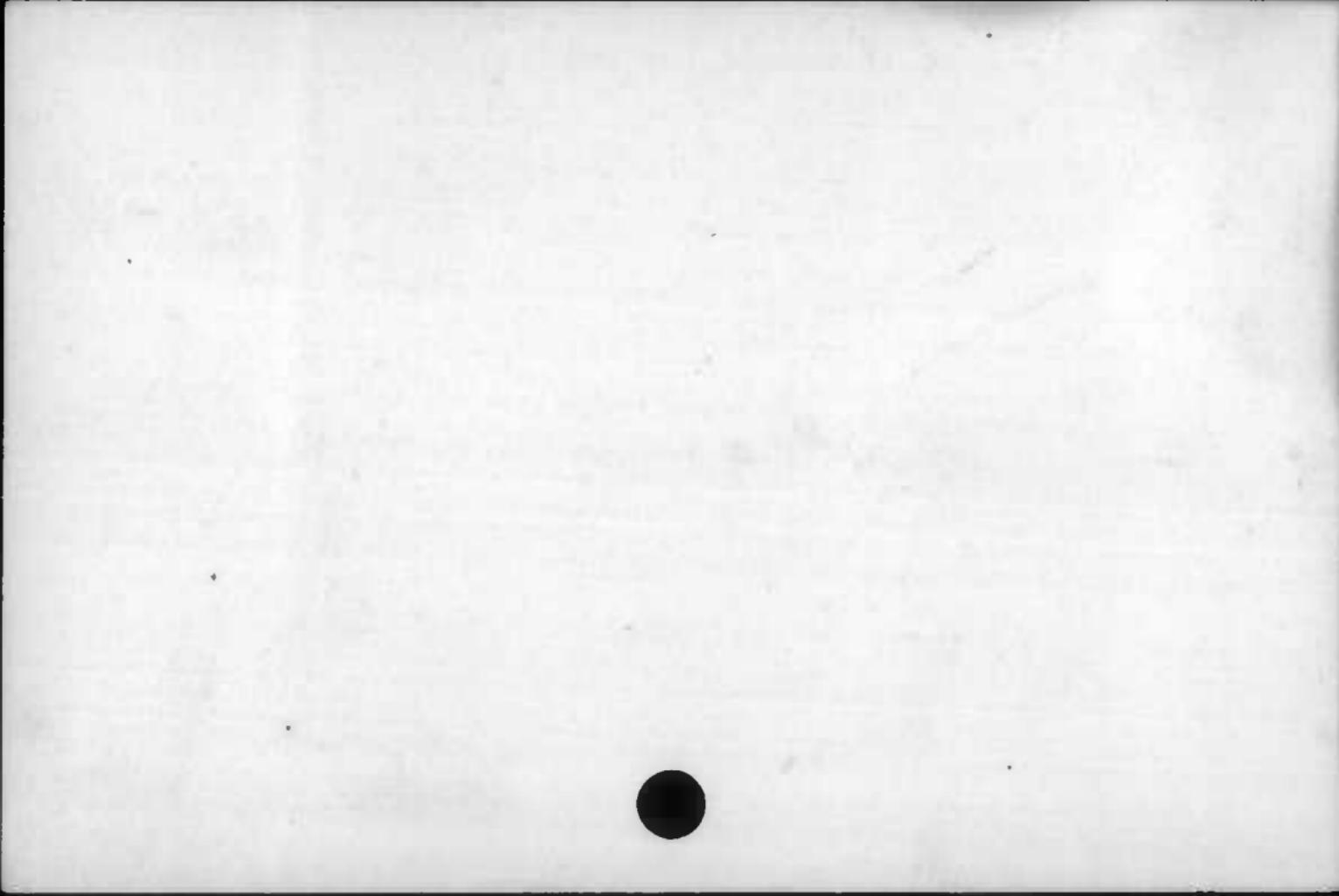
Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct	Day 14	Years 1	Months	Days 1
Sex	Male	Color or Race	white		Birth-place	near Jefferson
Occupation	Infant		Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband			
Father's Name	John L. Smith		Father's Birthplace Md			
Mother's Maiden Name	Hallie E. Smith		Mother's Birthplace			
Name of person giving Information	John L. Smith		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
Accident or Suicide?		

A. L. Smith,
Jefferson,
2nd



Name
in
Full

Georgann Louise Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Middlebown** Town **Freelish** County
Date of death **1909 oct 26** Month **Day** **Years** **Age 77** Months **1** Days **19**
Sex **Female** Color or Race **white** Birth-place **Md**
Occupation **House-wife** Where Residing if not at place of death
Married, Single or Widowed **Married** Name of Wife or Husband **William E Smith**
Father's Name **Henry Reusberg** Father's Birthplace **Md**
Mother's Maiden Name **Elizabeth Cobleth** Mother's Birthplace **Md**
Name of person giving Information **Wm E Smith** How related to deceased **Husband**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

66

How long

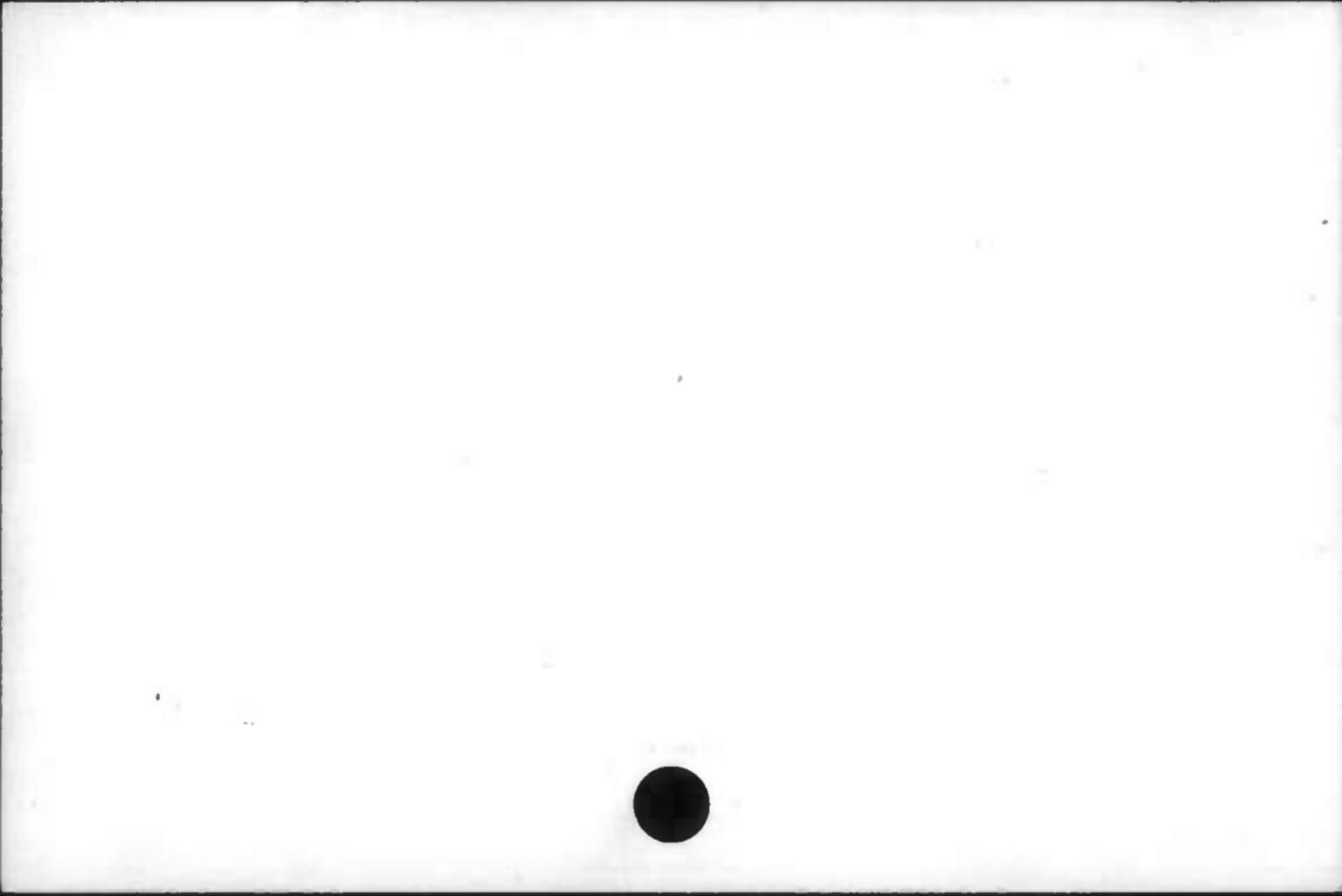
How long

6 years

2 years

A. A. Lamer
Middlebown
Md

Accident or Suicide



Name
in
Full

Martha Ellen Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Walkersville	County		MARYLAND	
Date of death	1909	Month October	Day 19	Years 63	Months 8	Days 18
Sex	female	Color or Race	Black		Birth-place	Co. of Frederick
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Thomas Smith.			
Father's Name	Joshua Goring		Father's Birthplace		Walkersville	
Mother's Maiden Name	Mary Ann Brown		Mother's Birthplace		Antrim	
Name of person giving information	J. Mendenhall		How related to deceased		brother	

CAUSES OF DEATH

27

✓
a year.

PHYSICIAN
OR CORONER

Primary

Culmonary tuberculosis

How long

Immediate

John D. Mendenhall

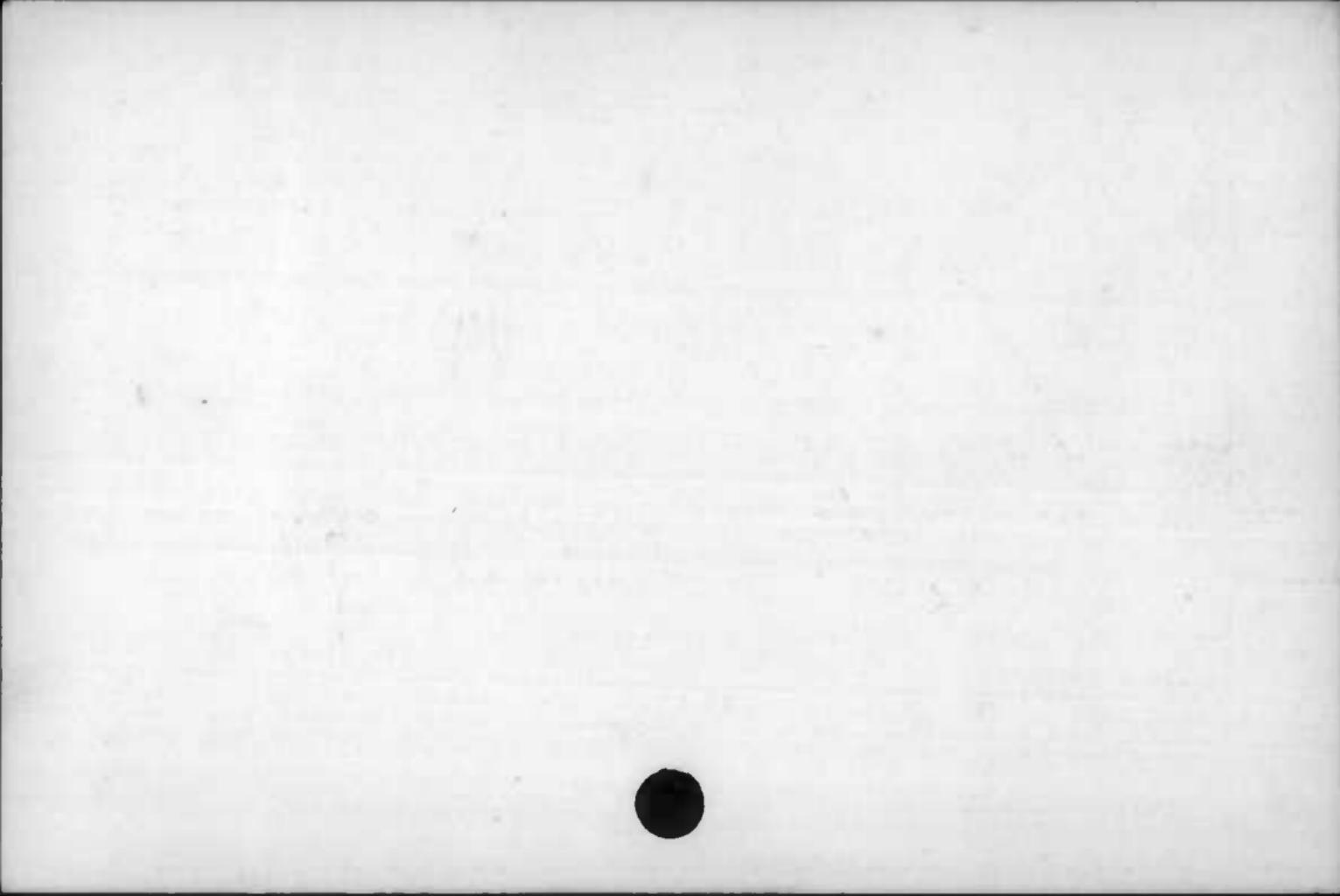
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Arthur Junior Himmel Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Burkittsville</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>18</u>	Years <u>—</u>	Months <u>—</u>	Days <u>18</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>near Burkittsville</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Samuel Snyder</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Ella Baker</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Samuel Snyder</u>			How related to deceased <u>Father</u>		

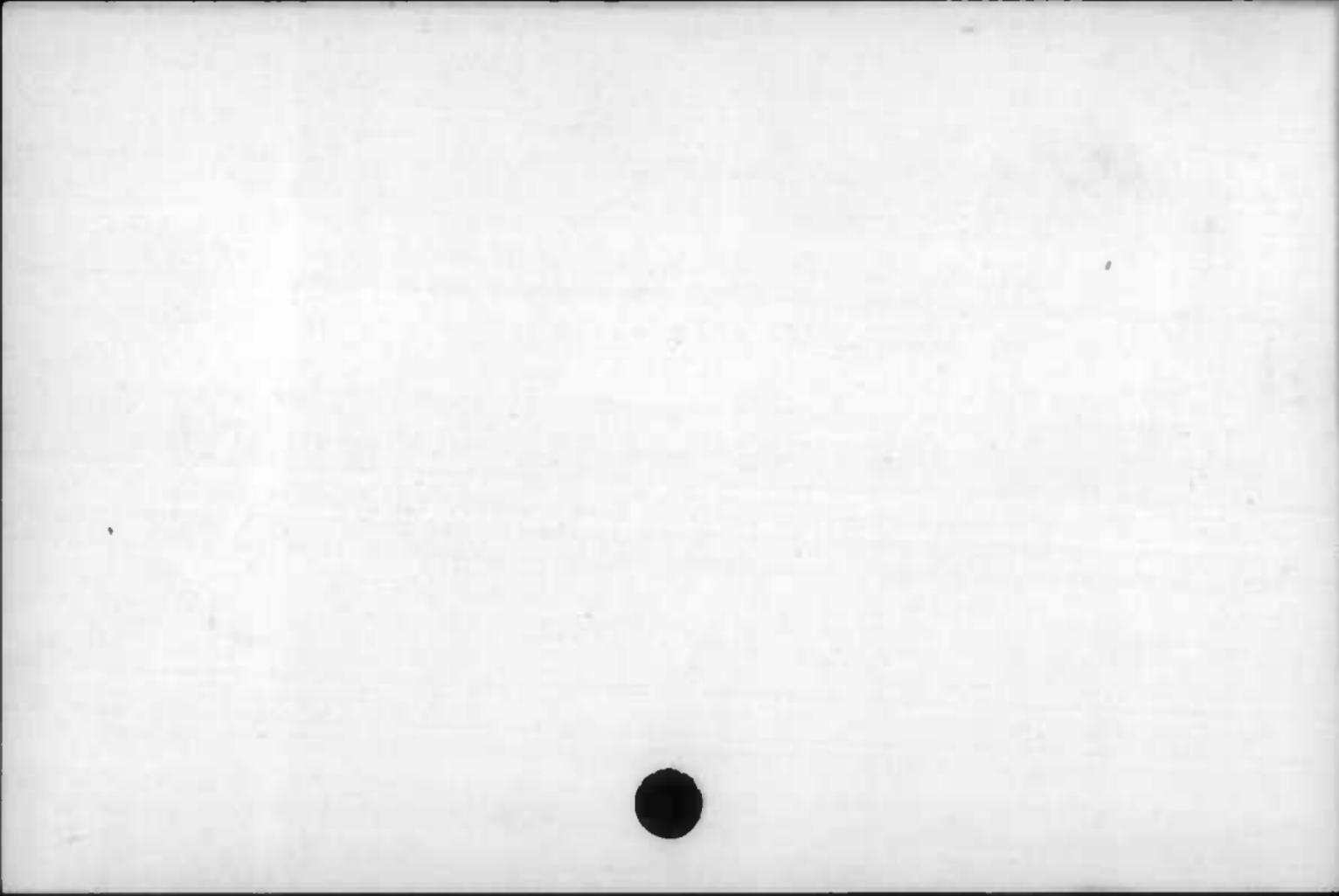
CAUSES OF DEATH

90

✓

PHYSICIAN
OR CORONER

Primary	How long	
Immediate <u>Bronchitis & Indigestion</u>	How long <u>1 day</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A J Smith</u>	Address <u>Jefferson</u>
Accident or Suicide?		



Name
in
Full

Earl Pearce Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
	Johnsville		Frederick				
Date of death	Month	Day	Years	Months	Days		
1909	Oct	10	Age	2	27		
Sex	Male	Color or Race	White	Birth-place	Frederick		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Roy Snyder		Frederick Co				
Mother's Maiden Name	Berlinda Star		Frederick Co				
Name of person giving Information	M. F. Star		Cousine				

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary

Thoracism
Exhaustion

How long

2 mos

Immediate

2 hrs

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

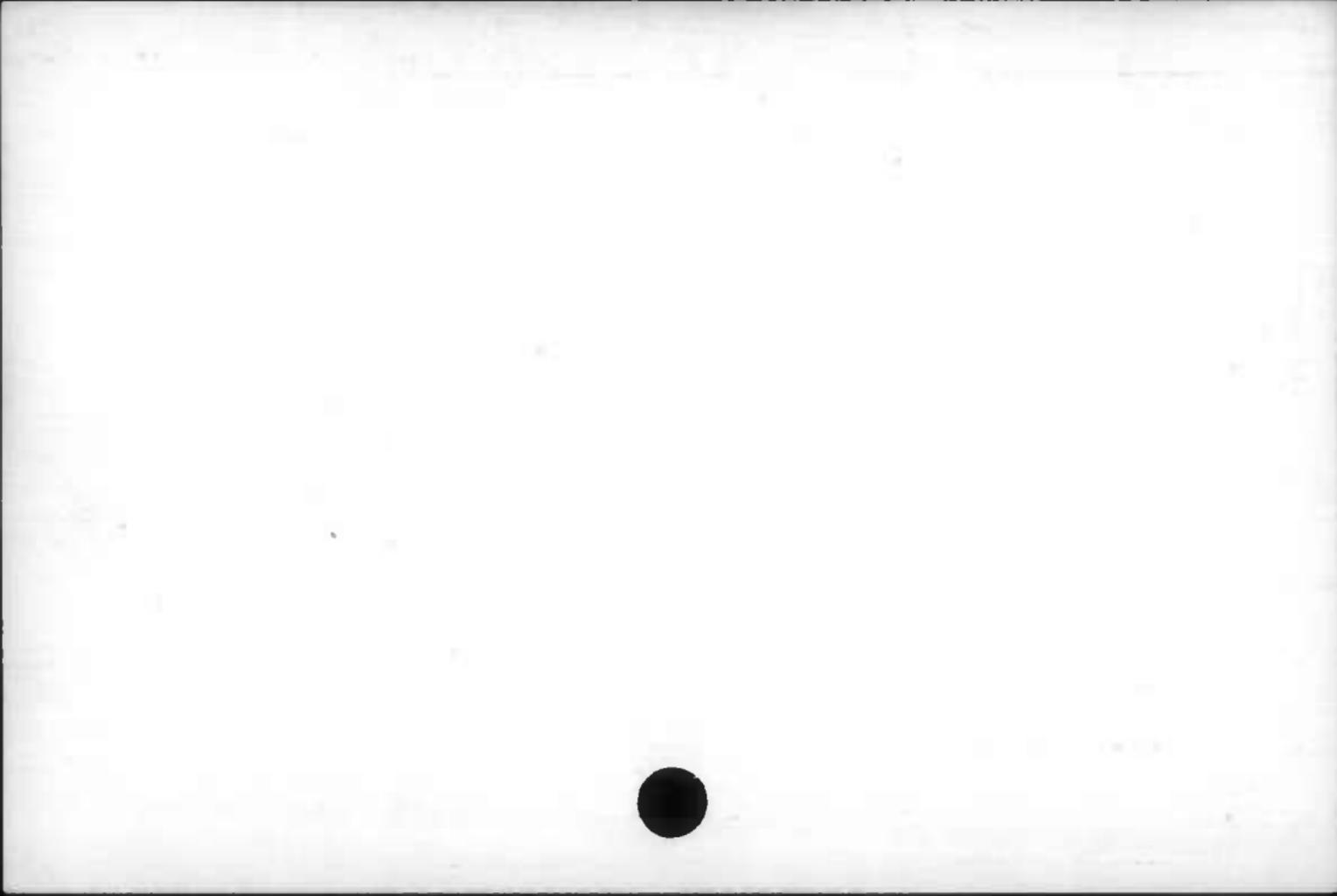
Address

Dr. B. Sloane

Belvoir

Frederick Co.

Accident or Suicide



Name
in
Full

Margaret Nelson Swoonley

No. 21
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Near New Market Frederick

Date of death 1909 Month 10 Day 3 Years Age 81 Months Days

Sex Female Color or Race White

Birth-place Frederick Co.

Occupation Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Elisha Swoonley

Father's Name Nathan Nelson

Father's Birthplace Frederick Co

Mother's Maiden Name Matilda Poole

Mother's Birthplace

Name of person giving
Information

Ella Swoonley

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Arterial Haemorrhage

64

How long

10 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. H. Hopkins M.D.

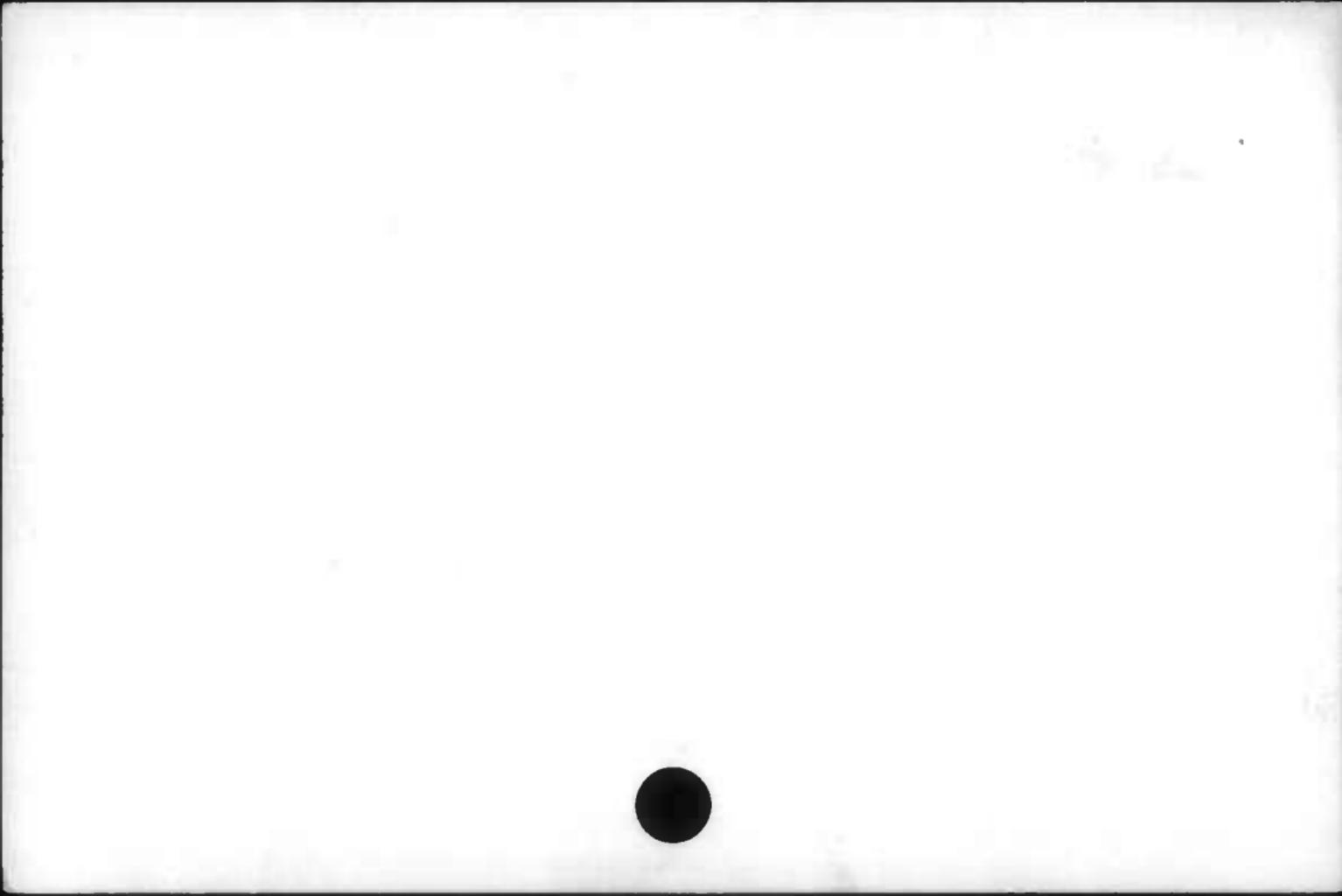
New Market

Md

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

Nora Grimes Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Diad at	Lakerville	Pied.		Months	Days	
Date of daath	1909 Oct 31	Age	30	1	2	
Sex	Female	Color or Raca	white	Birth- plaça	Ned.	
Occupation	Housewife	Where Residing if not at plaça of daath			Same	
Marriad, Single or Widowad	Married	Name of Wifa or Husband	Richard Thomas			
Father's Nama	Belinton Grimes			Father's Birthplaça	Ned	
Mothar's Maiden Nama	Mary Rensbury			Mothar's Birthplace	Ned	
Name of person giving Information	Nancy Grimes			How related to deceased	Mother	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Aortic Incompetency

79

How long

2 yrs -

Immediate

Are the name, age, sex, color, date
and place correctly givin above?

Yes

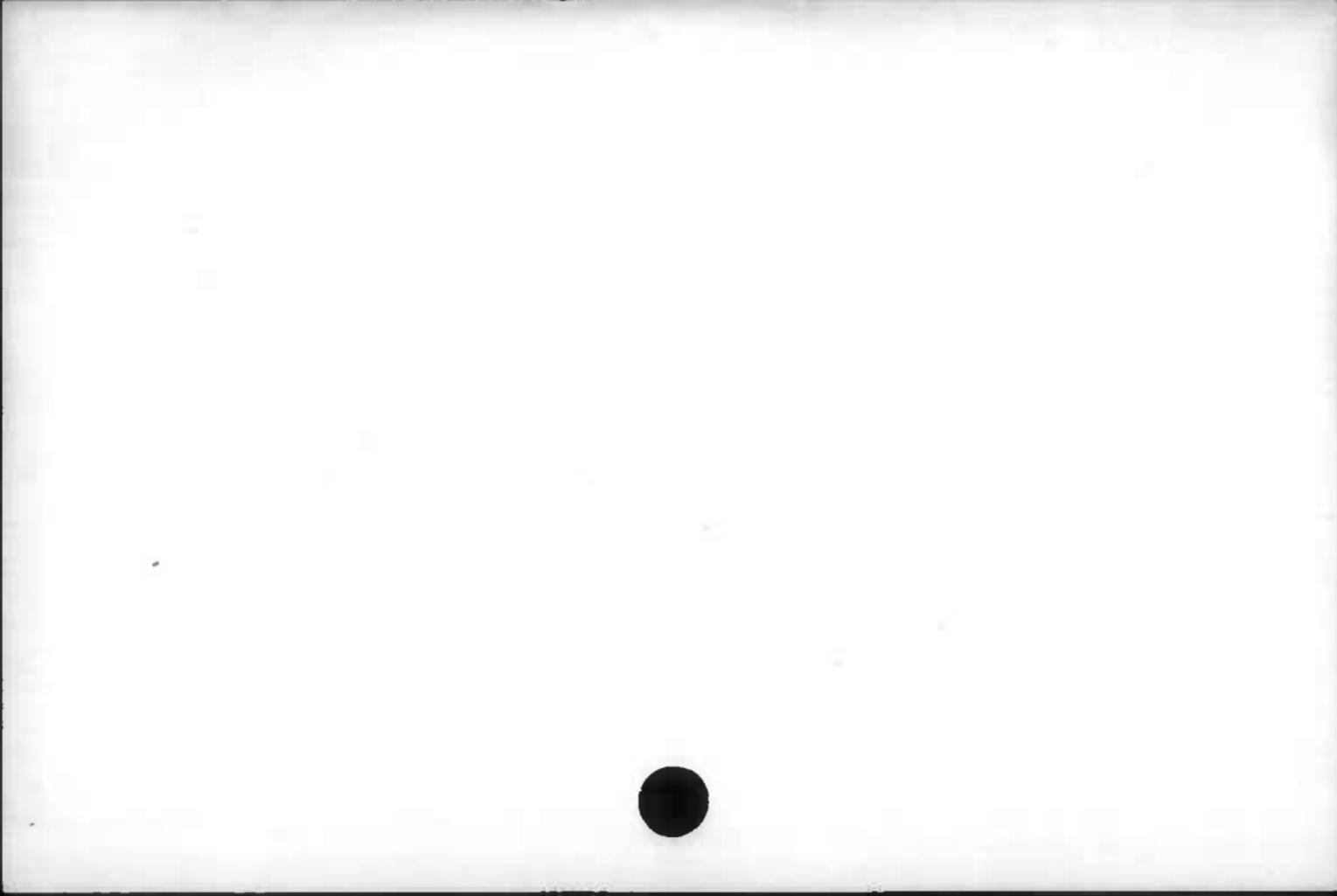
Signature of
Physician

Address

T. Clyde Routson
Buckeytown
ned

Accident or Suicide

No



Name
in
Full

Fannie D. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Places No. 4	Frederick				
Date of death	Month	Day	Years	Months	Days
1909	Oct.	17 th	Age 40	1	9
Sex	Female	Color or Race	White	Birth-place	Frederick Co.
Occupation	Housewife	Where Residing if not at place of death			
Married, S W	Name of Husband	John D. Wilson			
Father's Name	James Mc Cabbie	Father's Birthplace	Unknown		
Mother's Maiden Name	Rydia Spurrier	Mother's Birthplace	Frederick Co.		
Name of person giving information	Frank Wilson	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rabor	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	J. Albert Nice, Mt. Airy, Md.	

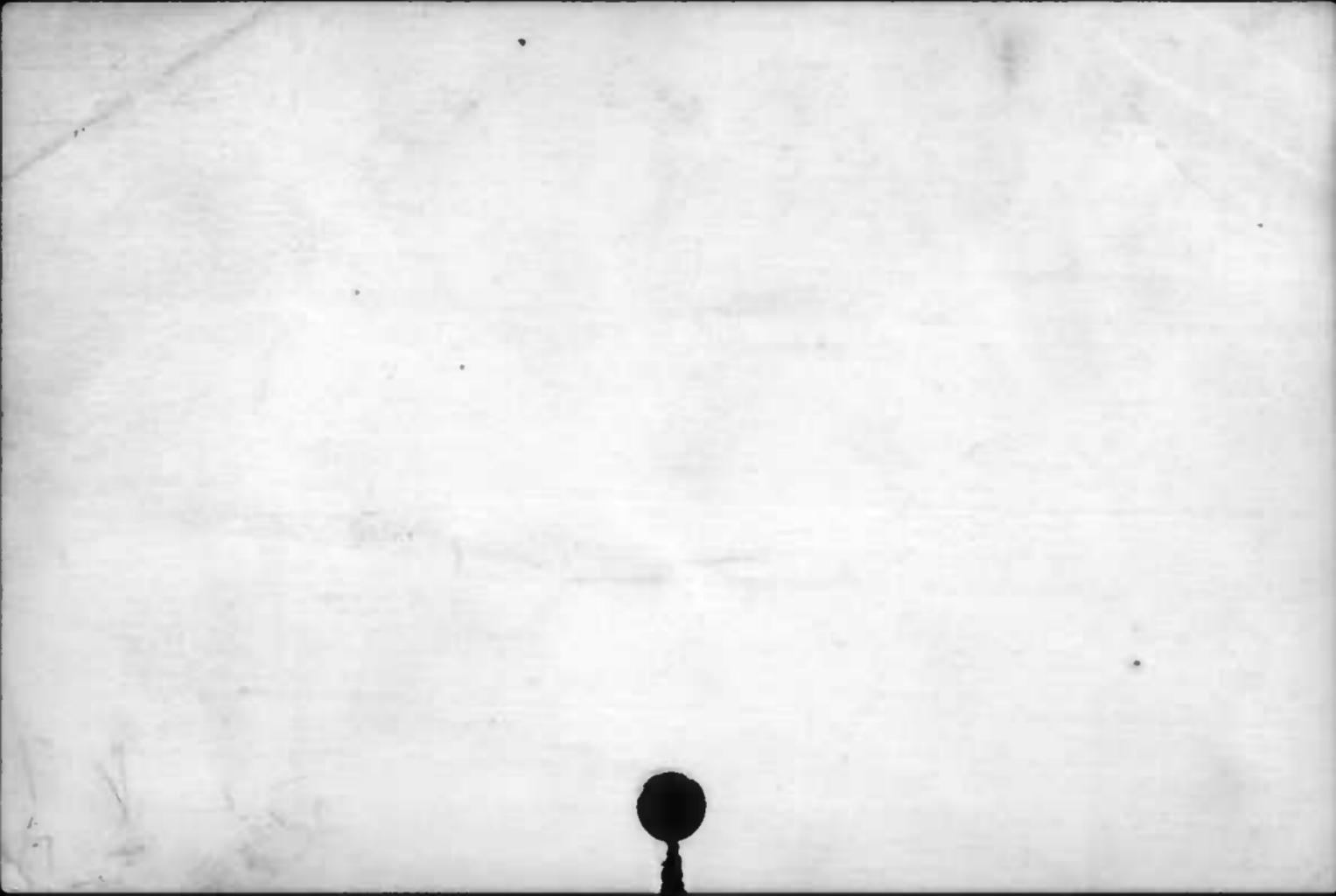
140

How long

5 hours

How long

4 $\frac{1}{2}$ hours



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex		Color or Race	Birth-place		Occupation		
Married, Single or Widowed		Name of Wife or Husband	Where Residing if not at place of death		Hontville Md.		
Father's Name		Father's Birthplace		3rd			
Mother's Maiden Name		Mother's Birthplace		3rd			
Name of person giving information		How related to deceased		Mother			

Male S. Finebrenner

Fannie E. Finebrenner

Fannie E. Finebrenner

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

5 minutes

Immediate

Convulsions

How long

5 minutes

Are the name, age, sex, color, date and place correctly given above?

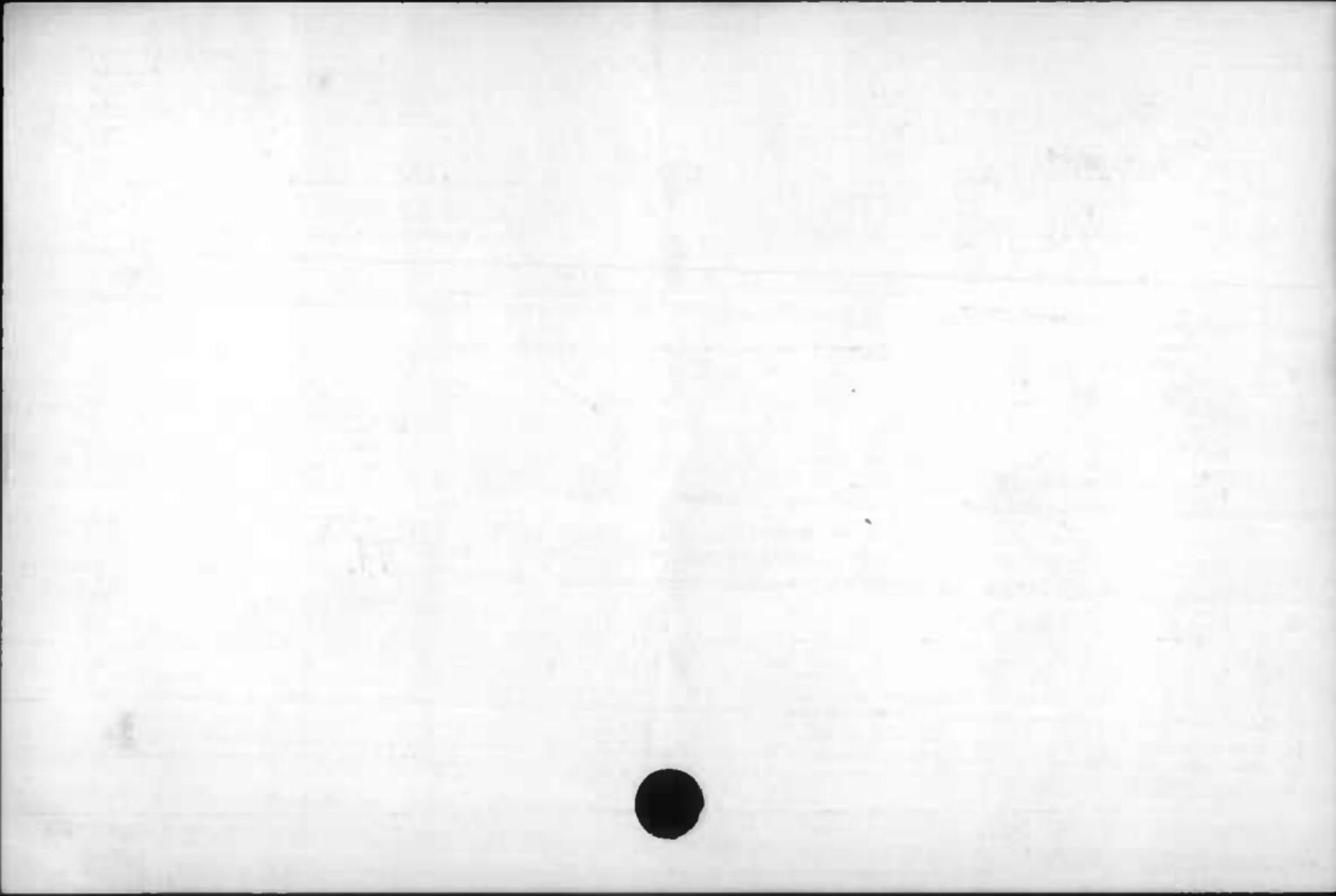
Yes

Signature of Physician

Address

Robert L. Hammond
Woodboro,
Md.

Accident or Suicide?



Name
in
Full

Infant Whiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND			
Date of dash 1909	Month	Day	Years	Month	Days	
Sex	Color or Raca	Age	Friedrich			
Occupation	Where Residing if not at place of death			Friedrich		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edw. L. Whiner			Father's Birthplace	Md	
Mother's Maiden Name	Catherine F. Holteeyer			Mother's Birthplace	Md	
Name of person giving Information	Edw. L. Whiner			How related to deceased	Fath	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

151

How long

6 1/2 min

Immediate

Premature Birth

How long

3 Hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ed. L. Whiner
Friedrich

Accident or Suicide

Name
in
Full

Ellwood Yerkes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mar		Town Frederick	County		MARYLAND	
Died at		Month 10	Day 11	Age 84	Months 4	Days
Date of death	1909	Color or Race Male			Birth-place Penn	
Sex		Occupation Retired Dentist		Where Residing if not at place of death Amanda B. Owen		
Married, Single or Widowed		Name of Wife or Husband Andrew Yerkes		Father's Birthplace Penn		
Father's Name				Mother's Birthplace Penn		
Mother's Maiden Name		Everheart		Name of person giving Information Mrs R. R. Lewis	How related to deceased daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Inflammation
Heart Failure

104

How long

Immediate

sudden

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

At G. Gordon
Frederick,
Md

Accident or Suicide

